

Committed to Eliminating Hypertension and Its Consequences

ASH BOARD OF DIRECTORS

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Henry R. Black, MD, President
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Daniel Levy, MD
Robert A, Phillips, MD, PhD
Addison A. Taylor, MD, PhD
William B, White, MD,

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Thomas D. Giles, MD, Chairman, ASH Specialists Program Inc.

Michael A. Weber, MD, Editor-in-Chief, Journal of Clinical Hypertension (JCH)

Myron H. Weinberger, MD, Editor-in-Chief, Journal of the American Society of Hypertension (JASH)

Torry Mark Sansone, Executive Director

December 21, 2009

The Honorable Senator Charles E. Grassley Committee on Finance Washington, D.C. 20510-6200

Dear Senator Grassley:

In response to the request you submitted to the American Society of Hypertension, Inc. (ASH) as outlined in your December 7, 2009 correspondence, I am providing the financial information requested, see attached file, ASH Revenue From Industry FY 06 through FY09 {Five Worksheets: "Summary FY2006-2009," Revenue from Industry FY2006, Revenue from Industry FY2007, Revenue from Industry FY2008, Revenue from Industry FY2009}.

In response to the five (5) questions you submitted, please note the following:

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

The Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education (CME) activities.

The Society abides by the ACCME updated Standards for Commercial Support. In addition, the Society accepts, upholds and endorses the related guidelines of the American Medical Association (AMA), the Pharmaceutical Manufacturers Association (PhRMA), the Accreditation Council for Continuing Medical Education (ACCME) and the Office of the Inspector General (OIG).

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Committed to Eliminating Hypertension and Its Consequences

The Society accepts funding from industry according to the ACCME Standards for Commercial Support, and in compliance with the guidelines of the organizations listed above. The Society accepts funding only under the terms, conditions, and specifications of the Society, and does not allow outside companies to place restrictions or to provide guidance on how funding will be spent.

Further, the Society has developed a guideline specifically describing the Society policies for industry funding, "American Society of Hypertension, Inc. (ASH) – Policy for Outside Source Funding." See attached file: ASH Policy for Outside Source Funding.

Question 2: If ASH 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, please provide the following information: year of transfer, name of company, and restriction placed on funding.

The Society does not allow companies to place restrictions on industry funding. Please see response to Question 1.

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

The Society's Disclosure procedures and forms underwent a comprehensive review in 2005-2006. As a result, in summer 2006, new protocol, guidelines, and forms were established and implemented. These are periodically reviewed by the Board and other Society committees, and new forms were implemented after the September 2009 Board Meeting.

The Society's policy is to disclose all funding in relation to the activity or program for which the funding was granted. The Society believes that its protocol ensures transparency of funding.



Committed to Eliminating Hypertension and Its Consequences

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

The Society's Disclosure policy and forms underwent a comprehensive review in 2005-2006. As a result, in Summer 2006, new protocol, guidelines, and forms were established and implemented.

All Board Members and top executives are required to disclose outside income and other financial relationships by submitting an annual "Disclosure Form for Responsible Persons." Disclosure forms are filed for the previous calendar year.

The ASH Disclosure Policy and form are periodically reviewed by the Board and other Society Committees, and new forms were implemented in September 2009. The policy and forms have been linked to the ASH website.

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

See attached files with Disclosure Forms for ASH Responsible Persons for 2006, 2007, and 200: Calendar Year 2006 Disclosures.pdf, Calendar Year 2007 Disclosures.pdf, Calendar Year 2008 Disclosures.pdf. In accord with Society protocol, ASH Disclosure Forms for 2009 are not submitted by ASH Responsible Persons until 2010.

Sincerely,

Torry Mark Sansone Executive Director

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Conflict of Interest Disclosure Forms for the 2006 Calendar Year

	CONFLICT OF INTEREST DISCLOSURE FORMS FOR YEAR 2006
	Board of Directors:
	Officers:
	Suzanne Oparil, MD, President
	C. Venkata Ram, MD, Vice-President
	Barry J. Materson, MD, Secretary
	Joseph L. Izzo, Jr. MD, Treasurer
	Henry R. Black, MD, President-Elect
6	Thomas D. Giles, MD, Immediate Past President
	Directors at Large:
	George L. Bakris, MD
	Keith C. Ferdinand, MD
	Daniel Levy, MD
	Franz H. Messerli, MD
	Leopoldo Raij, MD
	Domenic A. Sica, MD
	Sandra J. Taler, MD
	William B. White, MD
15	Jackson T. Wright, Jr. MD
	Ex-Officio Non-Voting Members
	Norman M. Kaplan, MD, ASP President
	Myron H. Weinberger, MD, Editor in Chief, Journal of the American Soc. of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	ASH Executive Staff
	Gilda C. Caputo, Director of Meetings & Exhibits
	Melissa Levine, Associate Executive Director
	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director, CME

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Suzanne Oparil, MD Date July 30, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	xx
NO	
Please list	Board of DirectorsEncysive Pharmaceuticals ConsultantBristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
VE0	<u>\$10,001-\$25,000</u>
YES	XX
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer >\$25,000
YES	XX XX
NO	
Please list	Daiichi-Sankyo, Forest labs
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	xx
NO	
Please list	Encysive Pharmaceuticals
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	xx
NO	
Please list	Encysive Pharmaceuticals

(



ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	XX
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	xx
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	xx
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	xx
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
YES	xx
NO	
Please list	Daiichi-Sankyo, Novartis, Sanofi Aventis
ITEM 10	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	xx
NO	
Please list	Consultant for The Salt Institute

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS,
1	C- VENKATA S. RAM. HM
Name	Date Date
	C.V. G. R. 6/13/07
	Service as an Officer, trustee, board member, committee member, or consultant for other
ITEM 1	not-for-profit, or government organizations
YES	
NO	
Please list	1-9-SHIB/ DIEW HINDY (Chaple Sound
	ASHITEVAR
	Service as a consultant, scientific advisory committee member, or lecturer for accredited
	and non-accredited Continuing Medical Education (CME) events with payments from a
ITEM 2	single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
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	\$10,001-\$25,000
YES	
NO	^
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Please list	C 0 0 2 N 1 X 3 7 C 0 C 1
YES	2825,000
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Please list	
	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in
	any for-profit, healthcare-related corporation. Investments managed solely by a third
ITEM 3	party, e.g., mutual funds are exempted from this reporting requirement
YES	
	101010
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
VEC	
YES	
NO	1010
Disass 200	
Please list	1.2
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ITEM 6	Receipt or potential receipt of royalty income from copyrights > \$10,000
ITEM 5	Interests of potential receipt of royalty income from copyrights > \$10,000 1 4

YES	The state of the s
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NO >	
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Please list	Table 1987 1987 1987 1987 1987 1987 1987 1987
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
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NO O	
Please list	
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	Receipt or potential receipt of any non-royalty payments or entitlements to payments
	>\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO >	
NO	
Please list	<u> </u>
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit compration
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
ITEM 8	
YES	
YES	
YES	with healthcare-related activities
YES	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES	with healthcare-related activities
YES NO Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list ITEM 9 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list ITEM 9 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list ITEM 9 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs
YES NO Please list ITEM 9 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES NO Please list YES NO Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which y
YES NO Please list ITEM 9 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported If it is >\$50,000
YES NO Please list ITEM 9 YES Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which y
YES NO Please list YES NO Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which y
YES NO Please list ITEM 9 YES NO Please list ITEM 10 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which y
YES NO Please list ITEM 9 YES Please list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which y
YES NO Please list ITEM 9 YES NO Please list ITEM 10 YES NO	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which years.
YES NO Please list ITEM 9 YES NO Please list ITEM 10 YES	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which years.
YES NO Please list ITEM 9 YES NO Please list ITEM 10 YES NO	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000 Provide a description of relevant positions of any organizations or groups with which years.

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
ı jease iist	
NO Please list	ACCU-BREAK Pharmaceuticals, INC.
YES	YES
ITEM 4	
	Possession of stock options held in a for-profit, health-care related corporation
Please list	
NO	NO
ITEM 3 YES	party, e.g., mutual funds are exempted from this reporting requirement
	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third
Please list	Novartis (<\$30,000)
NO	
YES	Yes
Please list	>\$25,000
NO	NO
YES	
I LIVI Z	\$10,001-\$25,000
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
Please list	
NO	NO
YES	
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
	DATE: July 31, 2007
Name	Barry J. Materson, MD, MBA
	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL

· · ·	
YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	NO
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	NO
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	NO
Please list	

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	18	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	30	BOARD MEMBERS, COMMITTEE MEMBERS,
		EXECUTIVE STAFF AND LEGAL COUNSEL
	¥:	I de Service
	Name	100 Date 8 13 07
	Portugues at	Service as an Officer, trustee, board member, committee member, or consultant for other
	ITEM 1	not-for-profit, or government organizations
	YES	
	123	
1	NO)	
\		
	Please list	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
		\$10,001-\$25,000
1	YES	\$10,001-\$25,000
`		
	NO	
	Diana liat	Daichi-Saukiea
- 9	Please list	>\$25,000
1	YES	
\		
	NO	
	Please list	bovartis, SCS Healthrare
	7.0000 1101	
	ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
	VES	
	YES	
9	NO	
	Please list	
	ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
1	YES	
	123	
	NO	
	Diagon II-4	Interes of the
	Please list	Intercure, Inc
	V70	
	ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
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Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest

YES

ITEM 10

Done NO

Please list

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
N	North Mark
Name	Henry Black Aug. 19,2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	None
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	See below
NO	None
NO	Notice
Please list	
YES	>25,000 Novartis
ILO	Novario
NO	
Please list	Novartis - serve as DSMB chair
Please list	Novaitis - Serve as Dolvid Chair
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	Non
NO	Non
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	None
D. 17.4	
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	None
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	None
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	None
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
YES	
NO	None
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	
NO	None
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	None
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Thomas D. Giles, M.D.
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	NO
Please list	
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	Advantage Communication
NO	
Please list	
YES	<u>>\$25,000</u>
NO	NO
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	NO
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	NO
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	NO
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation not to be reported if it is >\$50,000
YES	
NO	NO
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	NONE

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	George Bakris Date: August 1, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	ISHIB, National Kidney Foundation
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	ALL III DE LICE DINOIS ESTA CITA CONTRACTOR
Please list	Abbott, Boerhinger-Ingelheim, BMS/Sanofi-Aventis, Forest, Glaxo-Smith Kline Merck, Novartis, Walgreens (formulary committee), Gileada, Sankyo >\$25,000
YES	<u> </u>
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
YES	
NO	X
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	X Investigator Initiated study
NO	
Please list	NIH/NIDDK, Glaxo Smith Kline
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with whic are closely identified or associated that might represent a conflict of interest
YES	
NO	X

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Keith C. Ferdinand, MD Date August 14, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Yes
NO	
Please list	Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	Yes Yes
NO	
Please list	AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis
YES	<u>>\$25,000</u>
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	No
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	No
Please list	
. Ioudo not	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
·	
YES	
NO	No
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	No
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	No
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	Yes
NO	
Please list	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	No
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	No
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Date July 30, 07
Daniel Levy,	
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for othe not-for-profit, or government organizations
YES	X
NO	
Please list	Employee of NIH, Scientific Board member of Sarnoff Foundation for Cardiovascular Research (unpaid volunteer)
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	X
Please list	
YES	<u>>\$25,000</u>
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	x
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	x
Please list	
<u> TEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	x
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporat with healthcare-related activities
YES	
NO	x
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with whice are closely identified or associated that might represent a conflict of interest
YES	
NO	X

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Franz H. Messerli, MD Date 08/02/2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO .	N The state of the
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	
Please list	Sanofi Aventis, AstraZeneca, Forest, Boehringer Ingelheim, Cerebrio ACP, Daiichi Sankyo, First Horizon, Aphorium, Merck, Abbott, Bayer, BMS >\$25,000
YES	7 - 525,000 V
NO	
Please list	GSK, Pfizer, Novartis,
Please list	GSR, Filzer, Indivaries,
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	\[\langle \]
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
1.42	
YES	
NO	V
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	7
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
Please list	MedixInfo
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

Amy

	ASHIDISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
	EACOSTAT AND LEGAL GOONGLE
Name	LEOPOlds RAIJ MODale 8-22-07
Manio	
TEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not for profit, or government organizations
(FA)	
/ES	The state of the s
	<u> </u>
NO /	
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Please list	
TEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$16,001-525,000; (b) >\$25,000
	\$40,001,325,000
YES	
	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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\	A STATE OF THE STA
Please list	
Please list	CARTARA
	>\$25,000
(ES	
NO	<u> </u>
Please list	
. 7	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third
TEM 3	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO	any for profit, healthcare-related corporation. Investments managed solely by a third
YES NO Please list	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
TEM 3 NO Please list	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
TEM 3 Please list TEM 4	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
TEM 3 Please list TEM 4	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO Please list YES NO	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO Please list YES NO	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO Please list ITEM 4 YES	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
Please list Please list	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO Please list YES NO	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES NO Please list YES NO	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
TEM 3 Please list TEM 4	any for profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

10.51	
YES	
(10)	
NO")	
Please list	
Liegar nar	
4444	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
3	
YES	
NO)	
Please list	
LINKSA UP!	the state of the s
	The state of the s
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
SHOPE OF THE STATE	
YES	
	1 . 1
Na)	
NO)	
\simeq	the state of the s
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
A TOTAL O	
YES	
(-13) 	<u> </u>
NO /	
Please list	
T TOROUTHOR	
<u>пем 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	
Dian II-4	
Please list	
	<u></u>
TEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
100	
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Please list	
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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Domenic Sica Date July 31,07
	The state of the s
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
INO	
Please list	Novartis, Forest Labs, Neurotherapeutics
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	X
NO	
Please list	Glaxo, Smith-Kline
r lease list	>\$25,000
YES	X
NO	
Please list	Novartis
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
0	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
YES	
NO	X - any grants received are paid directly to Virginia Commonwealth University
Please list	
	Provide a description of relevant positions of any organizations or groups with which
ITEM 10	are closely identified or associated that might represent a conflict of interest
YES	X
NO	
Please list	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of
	Hypertension

.	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Sandra J. Taler MD 6-Aug-07
Date ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	X
Please list	>\$25,000
YES	
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
	The state of the s
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

\/E0	
YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
<u> TEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	X
NO	
Please list	NIH Research grant funds for follow-up of living kidney donors
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	X

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Date
William B.	white 30-Jul-07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Chair, Study Section, Clinical and Community Resarch Program, Catherine and Patrick Donaghue Medical Research Foundation, Hartford, Connecticut Special Government Employee, Food and Drug Administration (ad hoc reviewer for cardiorenal dr
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	X
NO	
Please list	Berlex/Bayer Health Care - receipient of unrestricted educational grant (University Section), Novartis Pharmaceuticals - Lecturer and Safety Consultant; King Pharmaceuticals - consultant; Teva Pharmaceuticals - Member , DSMB; Forest Laboratories - Safety Consultant; TAP Pharmaceuticals - Safety Consultant
YES	>\$25,000 X
NO	
Please list	Pfizer Laboratories - lecturer; Boehringer - Ingelheim - Lecturer
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	XX
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	xx
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	x
NO	
Please list	Editor-In Chief of Blood Pressure Monitoring (Lippincott Williams & Wilkins
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	XX
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	XX
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	XX
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	X
NO	
Please list	Investigator initated grants from AstraZeneca (2004-5) and Pfizer Laboratories (2005-6)
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Jackson T. Wright, Jr MD, PhD date July 26, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Northeast Ohio Neighborhood Health Centers
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	>\$25,00 <u>0</u>
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM E	Receipt or potential receipt of royalty income from copyrights > \$10,000
ITEM 5	Ivereibt of horeutiat tereibt of tolars modifie from ooblinging > 4 tolars

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	Board of Directors ISHIB
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
I I E IVI I	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	I am not a Republican

9.

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Delman Kaplan Date 8/2/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for oth not-for-profit, or government organizations
YES	
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredit and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
NO	
Please list	
YES	>\$25,000
NO ON	
Please list	
TEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
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lease list	
TEM 4	Possession of stock options held in a for-profit, health-care related corporation
ES	
0	
lease list	
—	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES V	Lippincott Williams and Wilken Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
TC88.7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
TEM 7	reasonable costs
YES L	Bochringen Ingelheim and Acizen
Please list	
TEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
ES	
10 10	
lease list	
TEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
ES	
0 7	
lease list	
EM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
ES	
0	
ease list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Myron Weinbergen Date July 28/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Board member .
NO	
Please list	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	
Please list	<u>>\$25,000</u>
YES	
NO	
Please list	
<u>ITEM 3</u>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

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YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

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ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
1 1043¢ 113L	
NO Please list	X
YES	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
Please list	
NO	X
YES	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
Please list	
NO	x
YES	
Please list	>\$25,000
NO	X
YES	J. C. P. P. C. P. C. P. C. P. C. P.
ITEM 2	single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
_1-1-1-1-1-1-1-1	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a
Please list	
NO	X
YES	
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
Moser	To-nug-t
Marvin	BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL 10-Aug-0
**	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,



YES	
NO	x
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	x
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	x
NO	
Please list	President of Hypertension Education Foundation 501c (no salary)

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
. , -	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
	all a d Hanser 11
Name	Gilda Caputo-Hanser 8/6/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
I I E IVI	not-tor-profit, or government organizations
YES	
NO	
Please list	
	Coming an appropriate to a second series of the sec
	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a
	single entity during the previous 12 months are reportable in the following income
ITEM 2	categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	no
Please list	\tag{2}
YES	<u>>\$25,000</u>
NO	
Please list	
	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in
ITEM 3	any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
ITEM 5	party, e.g., matual rands are exempted from this reporting requirement
YES	
NO	no
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
	Promise of the composition of the promise related corporation
YES	
NO	no
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
YES	
NO	no
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	no
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	no
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	h o
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	hu
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	(NOW)
Please list	

	BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Melissa Levine Date 8/3/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
(10)	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	
Please list	
YES	>\$25,000
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO)	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	e variable de la companya della companya della companya de la companya della comp
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
(NO)	
Please list	a name of the state of the stat
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO)	g to the second of the second
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	2 14 2 4 5 11 1 1 1
153	
NO)	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
(NO)	
Please list	¥ æ
Flease list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
VES	9 10 H I CI
YES	
NO	
Please list	ALL RESPONDED TO THE PROPERTY OF THE PROPERTY
l loade list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NOVE	
Please list	
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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	TORRY MARK ANSONE Date 9/11/07
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO /	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO /	
Please list	
	>\$25,000
YES /	
NO /	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO 🗸	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES ,	
NO V	
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO V	
Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
/	
NO V	
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO /	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES /	
NO V	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
VEC	
YES	
/	
NO V	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
/	
NO	
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL.
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Kate Sheridan Date July 31,07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	X
Please list	
riease iist	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredite and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	X
Please list	N 625 000
YES	<u>>\$25,000</u>
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	X
Please list	

Conflict of Interest Disclosure Forms for the 2007 Calendar Year

	CONFLICT OF INTEREST DISCLOSURE FORMS FOR 2007
	Board of Directors:
	Officers:
	Henry R. Black, MD, President
	C. Venkata Ram, MD, Vice-President
	Sandra J. Taler, MD, Secretary
	Joseph Izzo, Jr. MD, Treasurer
	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	Directors at Large:
	Keith C. Ferdinand, MD
	Alan H. Gradman, MD
	Daniel T. Lackland, DrPH
	Daniel Levy, MD
	Franz H. Messerli
	Robert Phillips, MD, PhD, CME
	Domenic A. Sica, MD
	Addison A. Taylor, MD, PhD
15	William B. White, MD
	Ex-Officio Non-Voting Members
	Norman M. Kaplan, MD, ASP President
	Myron Weinberger, MD, Editor in Chief, Journal of American Journal of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	ASH Executive Staff
19	Gilda Caputo, Director of Meetings & Exhibits
	Melissa Levine, Associate Executive Director, Scientific Meetings
21	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director of Education



DISCLOSURE FORM FOR ASH EDUCATIONAL ACTIVITIES

Individual's Name:	HENRY R. 1	SAUL			
0			111	4/09	
Signature			Date	77	
Reportable Relationships in Activities that must be disclo	existence for the past twe osed include:	lve months and Disc	losures of Persons	s as Faculty Members in E	ducational
Government Organi Medical Education (zations: Service as a consu	lltant, scientific advis ts from a single entit	ory committee mer	t for other Not-For-Profit, Fomber, or lecturer for non-Cous 12 months are reportable	ntinuing
NOTHING TO) DISCLOSE.				
1 SERVE AS	(CIRCLE ONE) AN OFF	ICER, TRUSTEE, I	BOARD MEMBE	R, OR COMMITTEE ME	MBER FOR
LECTURER I	S (CIRCLE ONE) A CONFOR NON-CME EVENTS 2 MONTHS IN THE FOL \$10,001–\$25,000	S WITH PAYMEN	IS FROM A SINC ORY:	RY COMMITTEE MEMB GLE ENTITY DURING TO	ER OR HE
member, or lecturer the previous 12 mon Honoraria derived f NOTHING TO LECTURER I DURING THIS	for non-accredited Continuaths, are reportable in the form CME activities, conductor CME activit	ing Medical Education of the company	on (CME) events, vegories: (a) \$10,001 ers, do not need to the second se	be reported. COMMITTEE MEMBER, ENTS FROM A SINGLE F	entity during OR
SINGLE ENTITY:	ovartis, Gilea	d			



3.	Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.
	NOTHING TO DISCLOSE.
	I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.
CO	RPORATION:
4.	Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:
	NOTHING TO DISCLOSE.
	I POSSESS STOCK OPTIONS HELD IN A FOR-PREOFIT, HEALTH-CARE RELATED CORPORATION ≥ \$10,000.
CO	RPORATION:
5.	Receipt or Potential Receipt of Royalty Income from Copyrights ≥ \$10,000:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT ≥ \$10,000.
PU	BLICATION:
6.	Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization \geq \$10,000:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYORIGHT FROM A HEALTHCARE RELATED COMPANY ≥ \$10,000.
CO	RPORATION:
	140 No. 12 A CONTROL NO.



7.	Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments ≥\$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS \(\sigma \) \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.
CO	RPORATION:
3.	Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the dat of submission.
	NOTHING TO DISCLOSE.
	I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.
CO	RPORATION:
€.	Receipt of Research Grant Support or In-Kind Support ≥ \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT ≥ \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.
OR	GANIZATIONS:
9A.	Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001-\$25,000; (B) > \$25,000:
	NOTHING TO DISCLOSE.
	148 Madison Avenue, 5th Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711



		RECEIVED RESEARCH ATION IN THE FOLLOW			ND SUPPORT FROM A FOR-PRO	OFIT
		\$10,001-\$25,000		> \$25,000		
CORPORA	TION:					
10. Provide a		of relevant positions held w	ithin any org	anization(s) or group(s) that might represent a conflict of ir	nterest.
					-	
						P

Please return to ASH, fax #: 212-696-0711.

> いいしゃいっと ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL Name Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 ITEM 2 \$10,001-\$25,000 YES NO Please list >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement ITEM 3 YES NO Please list Possession of stock options held in a for-profit, health-care related corporation ITEM 4 YES NO Please list

ITEM 5

Receipt or potential receipt of royalty income from copyrights > \$10,000

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'ES	
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Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
	Do you have any personal or pusitiess relationship(e) discharge of your responsibilities with the Society?
TEM 6	discharge of your responsi
ES	
10	(XS)
ilaana line	
lease list	
- 502 -	Receipt or potential receipt of any non-royalty payments or entitlements to payments
	>\$10,000 from a healthcare-related organization that
TEM 7	reasonable costs
res	
LS.	
NO	
Please list	
* *	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation
ITEM 8	with healthcare-related activities
YES	I was an early the same and the
NO	
Please list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs
ITEM 9	to be reported if it is >\$50,000
IICHID	
YES	
NO "	
NO	
Please list	
7994	- this are at any organizations or groups with which you
	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
ITEM 10	are closely identified or associated that might
YES	1/1011
124.	
NO T	0000
Pinces liet	450113
Please list	to lake
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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Sandra J. Taler MD
Date	6-Aug-
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for othe not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	x
Please list	
i iodoc iiot	>\$25,000
YES	
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 ir any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
riease list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
TEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	X
NO	
Please list	NIH Research grant funds for follow-up of living kidney donors
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation not to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	X

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	*	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS,
		EXECUTIVE STAFF AND LEGAL COUNSEL
		1 de la companya della companya della companya de la companya della companya dell
	Name	105.eps 720 Date 8 3 07
	ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
	YES	
/	NO)	
	NO	
	Please list	
	ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
		\$40,004 \$25,000
1	YES	\$10,001-\$25,000
\	120	
	NO	
	Please list	Daichi-Sankya
0	YES	>\$25,000
	120	
	NO	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Please list	Dovartis, SCS Healthrare
	ІТЕМ З	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
		[F-3], -8,-
	YES	
/		
`(NO)	
	Please list	
	7.100001101	
	ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
1	YES)	36 83
	NO	
	Please list	To terrange Too
	1 10050 1131	Intercure, inc
	1.57.5	
	ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

SUE

YES	
NO)	
Please list	
r lease list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO)	
Please list	
Flease list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
120	
NO)	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
110	
NO	
Please list	Medcepts, LC (Educational materials
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	glaxo smith cline
TES	- glaco_smitalcine_
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
-	
NO)	Done
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	George Bakris, MD Date June 27, 2008
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for o not-for-profit, or government organizations
YES	X
NO	
Please list	National Kidney Foundation, American Society of Nephrology, Blood Pressure Council AHA
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accred and non-accredited Continuing Medical Education (CME) events with payments from single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000 X
NO	
Please list	Forest, Abbott, Novartis, Merck, Gilead, Pharmacopeia, BI, GSK, Walgreen's >\$25,000
YES	-
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,00 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
=	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
T	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
i icase nst	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
. IVESV HSL	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which yeare closely identified or associated that might represent a conflict of interest
YES	X
NO	
Please list	Scientific Board of National Kidney Foundation; Hypertension Council-American Society of Nephrology; Chirman of Publications/Public Relations Committee Blood Pressure Council AHA

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Suzanne Oparil, MD Date July 30, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	xx
NO	
Please list	Board of DirectorsEncysive Pharmaceuticals ConsultantBristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
VEO	<u>\$10,001-\$25,000</u>
YES	XX
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer >\$25,000
YES	XX
NO	
Please list	Daiichi-Sankyo, Forest labs
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	xx
NO	
Please list	Encysive Pharmaceuticals
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	xx
NO	
Please list	Encysive Pharmaceuticals



ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	xx
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	XX
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	XX
Please list	
<u> </u>	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	XX
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	XX
NO	
Please list	Daiichi-Sankyo, Novartis, Sanofi Aventis
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	XX
NO	
Please list	Consultant for The Salt Institute

(0)

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Keith C. Ferdinand, MD Date August 14, 2007
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
Yes
Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
\$10,001-\$25,000
Yes
AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis >\$25,000
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
No
Possession of stock options held in a for-profit, health-care related corporation
No

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	No
Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
NO	No
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	No
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	Yes
NO	
Please list	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	No
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	No
Please list	



EDUCATIONAL ACTIVITIES
Individual's Name: Alan H. Gradman
3/14/07
Signature
Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:
1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.
NOTHING TO DISCLOSE.
I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, COMMITTEE MEMBER, OR CONSULTANT FOR
F
I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:
\$10,001-\$25,000 > \$25,000
2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.
NOTHING TO DISCLOSE.
I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED AND ACCREDITED CONTINUING MEDICAL EDUCATION (CME) EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:
\$10,001 - \$25,000 > \$25,000
SINGLE ENTITY: Actulanece, Neventi, Merck, Pfiner



Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.
NOTHING TO DISCLOSE.
I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.
CORPORATION:
4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:
NOTHING TO DISCLOSE.
I POSSESS STOCK OPTIONS HELD IN A FOR-PREOFIT, HEALTH-CARE RELATED CORPORATION ≥ \$10,000.
CORPORATION:
5. Receipt or Potential Receipt of Royalty Income from Copyrights ≥ \$10,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT ≥ \$10,000.
PUBLICATION:
6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization > \$10,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYORIGHT FROM A HEALTHCARE RELATED COMPANY > \$10,000.
CORPORATION:



Organization that are not Directly Related to the Reasonable Costs:
NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS \(\sigma \) \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.
CORPORATION:
8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the datof sybmission.
NOTHING TO DISCLOSE.
I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.
CORPORATION:
9. Receipt of Research Grant Support or In-Kind Support ≥ \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:
NOTHING TO DISCLOSE.
I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT ≥ \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.
ORGANIZATIONS;
9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001-\$25,000; (B) > \$25,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:
□ \$10,001-\$25,000 □ > \$25,000
CORPORATION:

148 Madison Avenue, 5th Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711 www.ash-us.org

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
BOARD MEMBERS, COMMITTEE MEMBERS,
EXECUTIVE STAFF AND LEGAL COUNSEL
Daniel T. Lackland June 28, 2008
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
XXX
American Heart Association - MAA; Barker Foundation for a Lifetime
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
<u>\$10,001-\$25,000</u>
XXX
Novartis Speaker Bureau
>\$25,000
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
XXX
Possession of stock options held in a for-profit, health-care related corporation
XXX
Receipt or potential receipt of royalty income from copyrights > \$10,000

VE0	
YES	
NO	XXX
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	XXX
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	XXX
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	XXX
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	XXX
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	XXX
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Daniel Levy Date 07/15/08
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	NIH
NO	
Please list	Employee of NIH/NHLBI
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	>\$25,000
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
i lease list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate
ITEM 8	with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
YES	
NO	X
Please list	
	Durvido a description of relevant maritime of any grand-ations or argume with which
ITEM 10	Provide a description of relevant positions of any organizations or groups with whice are closely identified or associated that might represent a conflict of interest
YES	
NO	X
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Franz H. Messerli, MD Date June 30, 2008
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	
Please list	Bayer, Boehringer Ingelheim, Forest, Dalichi Sankyo, Sanofi, Abbott >\$25,000
YES	√ × 23,000
NO	
Please list	GSK, Novartis, Pfizer
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	\
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	1
Please list	
TEM <u>5</u>	Receipt or potential receipt of royalty income from copyrights > \$10,000

V
Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
√
Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
J
Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
1
MedixInfo
Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
Novartis
Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
I and the second

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Robert Phillips Date 7/31/07
Name	Robert Finnips Date 115 not
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	no
Please list	
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	DO.
NO	no
Please list	
YES	<u>>\$25,000</u>
ILO	
NO	
Please list	
i ioudo iiot	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
11.0	
NO	no
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	no
110	
Please list	
ircas c	Receipt or potential receipt of royalty income from copyrights > \$10,000
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

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YES	
NO	no
Please list	
<u>ITEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	no
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	no
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	no
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	yes
NO	
Please list	King Pharmaceutical
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	no
Please list	

E	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Domenic Sica Date July 31,07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Novartis, Forest Labs, Neurotherapeutics
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Glaxo, Smith-Kline >\$25,000
YES	X
NO	
Please list	Novartis
<u>ITEM 3</u>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	The state of the s
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X - any grants received are paid directly to Virginia Commonwealth University
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	X
NO	
Please list	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of Hypertension

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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Addison A. Taylor Date: 7/5/08
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations Glaxo SmithKline: Scientific Advisory Board
YES	FDA CardioRenal Advisory Committee: Consultant
NO	Forest Research Institute: Consultant SPS3 Trial Hypertension Committee (NIH-NIDDK): Committee member
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	Novartis Pharmaceuticals Forest Research Institute
NO	FOIEST NESEARCH MISULULE
Please list	>\$25,000
YES	- 420,000
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
AND COURT IN COMPANIES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
V=0	Novartis Pharmaceuticals
YES	Forest Research Institute Merck Research Laboratories
NO	Abbott Laboratories
	Sanofi-Aventis Pharmaceuticals
Please list	Bristol-Myers-Squibb Pharmaceuticals
	Boehringer-Ingelheim Pharmaceuticals
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	William B. White,MD ; June 29, 2008
<u> TEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Special Government Employee for FDA Cardiorenal Advisory Board (Ad Hoc) Chairman, Study Section, Donaghue Medical Research Foundation (W. Hartford, CT)
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	x
Please list	>\$25,000
YES	
NO	x
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	x
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

VEC	lu l
YES	X
NO	
Please list	Editor-in-Chief , Blood Pressure Monitoring (Lippincott Williams & Wilkins) - royalty income is typically < \$10,000 but potential exists
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	ly .
NO	X .
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
TES	X
NO	
Please list	2004-2007 : Astra-Zeneca - Insitutional Grant to University of Connecticut \$340,000
i lease list	2004-2007 : Pfizer Inc - Joint grant to University of Connecticut and University of Alabama \$345,0
	Provide a description of relevant positions of any organizations or groups with which you
<u>ITEM 10</u>	are closely identified or associated that might represent a conflict of interest
YES	X
NO	Perceived Conflicts - Actual conflicts do not exist
Please list	Occasional Consultant for Data analysis activities - Boehringer Ingelheim
riease iist	Safety Consultant - Novartis
	Safety Consultant - Novartis Safety Consultant - TAP/Takeda
	DSMB chairman - Gilead
	Endpoints Chairman - Myriad Genetics

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Delman Kaplan Date 8/2/07
	Service as an Officer, trustee, board member, committee member, or consultant for other
ITEM 1	not-for-profit, or government organizations
YES	
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
<u></u> .	
NO	
Please list	
YES	>\$25,000
NO	
Please list	
ТЕМ 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
10	
Please list	
TEM 4	Possession of stock options held in a for-profit, health-care related corporation
'ES	
io	
lease list	
	

l	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES V	Lippincott Williams and Wilken Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
TEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES 1	Sochringen lagetheim and Atizen
NO	
lease list	
TEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
'ES	
10	
lO lease list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if It is >\$50,000
lease list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
lease list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
lease list FEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
Please list FEM 9 ES O	be reported if it is >\$50,000
Please list FEM 9 ES O	Provide a description of relevant positions of any organizations or groups with which you
Please list FEM 9 ES O lease list EM 10	Provide a description of relevant positions of any organizations or groups with which you

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Myron Weinbergen Date July 28/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for not-for-profit, or government organizations
YES	Board member
NO	
Please list	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accre and non-accredited Continuing Medical Education (CME) events with payments from single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
NO	
Please list	
YES	<u>>\$25,000</u>
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,0 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	

YES	
NO	
Please list	
<u>ITEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation no to be reported if it is >\$50,000
YES	
NO	
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Marvin	10-Aug-0
Moser	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	X
Please list	
VEC	>\$25,000
YES	
NO	X
Please list	
TEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
TEM 4	Possession of stock options held in a for-profit, health-care related corporation
TEM 4	rossession of stock options field in a for-profit, fleatin-care related corporation
YES	
NO	X
Please list	

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	
NO	X
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	X
NO	
	President of Hypertension Education Foundation 501c (no salary)

OSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, EMBERS, COMMITTEE MEMBERS, ESTAFF AND LEGAL COUNSEL
L STATE AND LEGAL GOORGIL
n Officer, trustee, board member, committee member, or consultant for other , or government organizations
consultant, scientific advisory committee member, or lecturer for accredited redited Continuing Medical Education (CME) events with payments from a during the previous 12 months are reportable in the following income a) \$10,001-\$25,000; (b) >\$25,000
,000
of stock, bond, or self-directed pension plan holdings in excess of \$25,000 ir it, healthcare-related corporation. Investments managed solely by a third nutual funds are exempted from this reporting requirement
of stock options held in a for-profit, health-care related corporation
potential receipt of royalty income from copyrights > \$10,000

YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
YES	
NO	NO
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	
NO	NO
Please list	
	Provide a description of relevant positions of any organizations or groups with whic are closely identified or associated that might represent a conflict of interest
<u>ITEM 10</u>	
YES	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Melissa Levine
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	NO
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	NO .
NO	
Please list	>\$25,000
YES	
NO	NO
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	NO
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	NO
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate with healthcare-related activities
YES	
NO	NO
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation not to be reported if it is >\$50,000
YES	
NO	NO
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	NONE

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ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
TORRY MARK ANSONE Date 9/11/07
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
\$10,001-\$25,000
<u>>\$25,000</u>
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
Possession of stock options held in a for-profit, health-care related corporation
Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO 🗸	
Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
/	
NO V	
Please list	
	Descint or natartial receipt of any non revelty payments or entitlements to nayments
	Receipt or potential receipt of any non-royalty payments or entitlements to payments
	>\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
V=0	
YES	
NO 🗸	
Please list	
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation
ITEM 8	with healthcare-related activities
YES /	
NO 💆	
Please list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs
ITEM 9	to be reported if it is >\$50,000
1121110	as repended in the conject
YES	
/	
NO V	
Please list	
i ioado iiot	
	Provide a description of relevant positions of any organizations or groups with which you
<u>ITEM 10</u>	are closely identified or associated that might represent a conflict of interest
YES /	
NO 🗸	
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
	EXECUTIVE STATE AND LEGAL GOONGEL
Name	Kathleen Sheridan
	22-Jun-06
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
ILO	
NO	X
Diseas list	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	<u> </u>
NO	X
Please list	
	>\$25,000
YES	
NO	X
140	
Please list	
<u>ITEM 3</u>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
i loude list	

TEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	X
Please list	
<u>TEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which yo are closely identified or associated that might represent a conflict of interest
YES	
	X

Conflict of Interest Disclosure Forms for the 2007 Calendar Year

	CONFLICT OF INTEREST DISCLOSURE FORMS FOR 2007
	Board of Directors:
	Officers:
	Henry R. Black, MD, President
	C. Venkata Ram, MD, Vice-President
	Sandra J. Taler, MD, Secretary
	Joseph Izzo, Jr. MD, Treasurer
	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	Directors at Large:
	Keith C. Ferdinand, MD
	Alan H. Gradman, MD
	Daniel T. Lackland, DrPH
	Daniel Levy, MD
	Franz H. Messerli
	Robert Phillips, MD, PhD, CME
	Domenic A. Sica, MD
14	Addison A. Taylor, MD, PhD
15	William B. White, MD
	Ex-Officio Non-Voting Members
	Norman M. Kaplan, MD, ASP President
	Myron Weinberger, MD, Editor in Chief, Journal of American Journal of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	ASH Executive Staff
19	Gilda Caputo, Director of Meetings & Exhibits
	Melissa Levine, Associate Executive Director, Scientific Meetings
21	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director of Education



DISCLOSURE FORM FOR ASH EDUCATIONAL ACTIVITIES

Individual's Name:	HENRY R. BLAG	al	
(D)		//	14/08
Signature		Date	
Reportable Relationships in ex Activities that must be disclose	istence for the past twelve moned include:	ths and Disclosures of Perso	ons as Faculty Members in Educational
Government Organiza Medical Education (C.	tions: Service as a consultant, sc	ientific advisory committee massingle entity during the prev	ant for other Not-For-Profit, For-Profit, or nember, or lecturer for non-Continuing rious 12 months are reportable in the
NOTHING TO I	DISCLOSE.		
I SERVE AS (C	TRCLE ONE) AN OFFICER, T	TRUSTEE, BOARD MEME	BER, OR COMMITTEE MEMBER FOR
LECTURER FO PREVIOUS 12	CIRCLE ONE) A CONSULTA OR NON-CME EVENTS WITH MONTHS IN THE FOLLOWIN	PAYMENTS FROM A SI	ORY COMMITTEE MEMBER OR NGLE ENTITY DURING THE
member, or lecturer for	or non-accredited Continuing Med	dical Education (CME) events	sultant, scientific advisory committee s, with payments from a single entity during
the previous 12 month	ns, are reportable in the following om CME activities, conducted by	income categories: (a) \$10,00	01 - \$25,000; (b) >\$25,000.
NOTHING TO	DISCLOSE.		
LECTURER FO	CIRCLE ONE) CONSULTANT OR NON-ACCREDITED EVEN PREVIOUS 12 MONTHS IN T	NTS WARRANTING PAYN	COMMITTEE MEMBER, OR MENTS FROM A SINGLE ENTITY IE CATEGORIES:
	10,001 - \$25,000	> \$25,000	
SINGLE ENTITY:	vartis, 6-lead		



3.	Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.
	NOTHING TO DISCLOSE.
	I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.
CO	RPORATION:
4.	Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:
	NOTHING TO DISCLOSE.
	I POSSESS STOCK OPTIONS HELD IN A FOR-PREOFIT, HEALTH-CARE RELATED CORPORATION ≥ \$10,000.
CO	RPORATION:
5.	Receipt or Potential Receipt of Royalty Income from Copyrights ≥ \$10,000:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT ≥ \$10,000.
PU I	BLICATION:
6.	Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization \geq \$10,000:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYORIGHT FROM A HEALTHCARE RELATED COMPANY ≥ \$10,000.
CO	RPORATION:
	140 No. 12 A CONTROL NO.



7.	Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments ≥\$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS \(\sigma \) \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.
CO	RPORATION:
3.	Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the dat of submission.
	NOTHING TO DISCLOSE.
	I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.
CO	RPORATION:
€.	Receipt of Research Grant Support or In-Kind Support ≥ \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:
	NOTHING TO DISCLOSE.
	I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT ≥ \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.
OR	GANIZATIONS:
9A.	Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001-\$25,000; (B) > \$25,000:
	NOTHING TO DISCLOSE.
	148 Madison Avenue, 5th Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711



		RECEIVED RESEARCH ATION IN THE FOLLOW			ND SUPPORT FROM A FOR-PRO	OFIT
		\$10,001-\$25,000		> \$25,000		
CORPORA	TION:					
10. Provide a		of relevant positions held w	ithin any org	anization(s) or group(s) that might represent a conflict of ir	nterest.
					-	
						P

Please return to ASH, fax #: 212-696-0711.

> いいしゃいっと ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL Name Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 ITEM 2 \$10,001-\$25,000 YES NO Please list >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement ITEM 3 YES NO Please list Possession of stock options held in a for-profit, health-care related corporation ITEM 4 YES NO Please list

ITEM 5

Receipt or potential receipt of royalty income from copyrights > \$10,000

	The second secon
'ES	
	-XX
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lease list	
	Do you have any personal or business relationship(s) that would, or may, affect the
	Do you have any personal or business relationship(), discharge of your responsibilities with the Society?
TEM 6	discharge of your responsi
ES	
10	(XS)
lease list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments
	>\$10,000 from a healthcare-related organization that
TEM 7	reasonable costs
res	
LO,	
10	
Please list	
Please list	Compared to the second
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation
ITEM 8	with healthcare-related activities
YES	
NO	
Please list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs
ITEM 9	to be reported if it is >\$50,000
YES	
NO	XX
Please list	
19061	Provide a description of relevant positions of any organizations or groups with which you
 	are closely identified or associated that might represent a conflict of interest
ITEM 10	are closely identified of
YES	// MI
72 4	\sim
NO .	a cure
Please list	951115
r lease not	- Invak

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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Sandra J. Taler MD
Date	6-Aug-
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for othe not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	x
Please list	
i iodoc iiot	>\$25,000
YES	
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 ir any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
riease list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
TEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	X
NO	
Please list	NIH Research grant funds for follow-up of living kidney donors
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation not to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	X

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ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL Name Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation VES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation		4 1	
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) \$25,000 YES NO Please list Devarious Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited donations Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) \$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, health-care related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		**	BOARD MEMBERS, COMMITTEE MEMBERS,
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list DOVATAS SECS HEALT ARE Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Fossession of stock options held in a for-profit, health-care related corporation YES NO Please list Fossession of stock options held in a for-profit, health-care related corporation			EXECUTIVE STAFF AND LEGAL COUNSEL
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations YES NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list DOVATAS SECS HEALT ARE Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Fossession of stock options held in a for-profit, health-care related corporation YES NO Please list Fossession of stock options held in a for-profit, health-care related corporation			A Color
NO Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list DEVALES SCS Heal Harare Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, health-accredited corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation YES NO NO Please list Possession of stock options held in a for-profit, health-care related corporation		Name	toseph (200 Date 6/15/0/
Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation. YES NO Please list Possession of stock options held in a for-profit, health-care related corporation.		ITEM 1	
Please list Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation. YES NO Please list Possession of stock options held in a for-profit, health-care related corporation.			The state of the s
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES		YES	
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES	/	NO.	
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation NO Please list Possession of stock options held in a for-profit, health-care related corporation	_		
and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation Please list NO Please list NO Please list		Please list	
and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000 YES NO Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation Please list NO Please list NO Please list			
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list TEM 4 Possession of stock options held in a for-profit, health-care related corporation. YES NO NO		ITEM 2	and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list TEM 4 Possession of stock options held in a for-profit, health-care related corporation. YES NO NO			\$40.004.605.000
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list Possession of stock options held in a for-profit, health-care related corporation YES NO NO NO	1	VES	\$10,001-\$25,000
Please list Second Second	`	IE3	
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		NO	
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO			
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		Please list	Dalichi- Saukya
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO	0	VES	>\$25,000
Please list Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		120	
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		NO	
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		Please list	Novarns SW Healthrare
YES NO Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		ITEM 3	any for-profit, healthcare-related corporation. Investments managed solely by a third
Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO			1-31-31
Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		YES	
Please list ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO			
ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO	`(NO	
ITEM 4 Possession of stock options held in a for-profit, health-care related corporation YES NO		Please list	
YES NO			
NO		ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
	1	YES)	
Please list intercure inc		NO	
Trease net 1712 (ZIVE INC		Please list	Tutes-cui-e Tos
		1 TOMOU HOU	
		1.4.1	
		6.21	
		ITEM 5	Receipt or notential receipt of royalty income from convights > \$10,000
		ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

SUE

YES	
NO)	
Please list	
r lease list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO)	
Please list	
Flease list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
120	
NO)	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
Please list	Medcepts, IC (Educational materials
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
	10124 - 2: 10 1: 1:
YES	glaxo smith kline
NO	
110	
Please list	
Ly.	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO)	Done
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	George Bakris, MD Date June 27, 2008
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for o not-for-profit, or government organizations
YES	X
NO	
Please list	National Kidney Foundation, American Society of Nephrology, Blood Pressure Council AHA
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accred and non-accredited Continuing Medical Education (CME) events with payments from single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000 X
NO	
Please list	Forest, Abbott, Novartis, Merck, Gilead, Pharmacopeia, BI, GSK, Walgreen's >\$25,000
YES	7420,000
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,00 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
T	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
i icase nst	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
. IVESV HSL	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which yeare closely identified or associated that might represent a conflict of interest
YES	X
NO	
Please list	Scientific Board of National Kidney Foundation; Hypertension Council-American Society of Nephrology; Chirman of Publications/Public Relations Committee Blood Pressure Council AHA

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Suzanne Oparil, MD Date July 30, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	xx
NO	
Please list	Board of DirectorsEncysive Pharmaceuticals ConsultantBristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
VEO	<u>\$10,001-\$25,000</u>
YES	XX
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer >\$25,000
YES	XX
NO	
Please list	Daiichi-Sankyo, Forest labs
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	xx
NO	
Please list	Encysive Pharmaceuticals
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	xx
NO	
Please list	Encysive Pharmaceuticals



ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	xx
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	XX
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	XX
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	XX
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	XX
NO	
Please list	Daiichi-Sankyo, Novartis, Sanofi Aventis
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	XX
NO	
Please list	Consultant for The Salt Institute

(+)

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Keith C. Ferdinand, MD Date August 14, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Yes
NO	
Please list	Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
I I CIVI Z	
YES	<u>\$10,001-\$25,000</u> Yes
NO	
Please list	AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis >\$25,000
YES	
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	No
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	No No
Please list	

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	No
Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
NO	No
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	No
Please list	
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation
ITEM 8	with healthcare-related activities
YES	Yes
NO	
Please list	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	No
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	No
Please list	



The American Society of Hypertension, Inc.

EDUCATIONAL ACTIVITIES
Individual's Name: Alan H. Gradman
3/14/07
Signature
Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:
1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.
NOTHING TO DISCLOSE.
I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, COMMITTEE MEMBER, OR CONSULTANT FOR
F
I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:
\$10,001-\$25,000 > \$25,000
2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.
NOTHING TO DISCLOSE.
I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED AND ACCREDITED CONTINUING MEDICAL EDUCATION (CME) EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:
\$10,001 - \$25,000 > \$25,000
SINGLE ENTITY: Actulanece, Neventis, Merck, Pfiner



The American Society of Hypertension, Inc.

Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.
NOTHING TO DISCLOSE.
I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.
CORPORATION:
4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:
NOTHING TO DISCLOSE.
I POSSESS STOCK OPTIONS HELD IN A FOR-PREOFIT, HEALTH-CARE RELATED CORPORATION ≥ \$10,000.
CORPORATION:
5. Receipt or Potential Receipt of Royalty Income from Copyrights ≥ \$10,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT ≥ \$10,000.
PUBLICATION:
6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization > \$10,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYORIGHT FROM A HEALTHCARE RELATED COMPANY > \$10,000.
CORPORATION:



The American Society of Hypertension, Inc.

NOTHING TO DISCLOSE.
I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS \(\sigma \) \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.
CORPORATION:
8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the datof symmetric specific and the spe
NOTHING TO DISCLOSE.
I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.
CORPORATION:
9. Receipt of Research Grant Support or In-Kind Support ≥ \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:
NOTHING TO DISCLOSE.
I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT ≥ \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.
ORGANIZATIONS:
9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001-\$25,000; (B) > \$25,000:
NOTHING TO DISCLOSE.
I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:
□ \$10,001~\$25,000 □ > \$25,000
CORPORATION:

148 Madison Avenue, 5th Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711 www.ash-us.org

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Daniel T. Lackland June 28, 2008
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	XXX
NO	
Please list	American Heart Association - MAA; Barker Foundation for a Lifetime
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	XXX
NO	
Please list	Novartis Speaker Bureau
	>\$25,000
YES	
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	XXX
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	XXX
Please list	
50 ce	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

VE0	
YES	
NO	XXX
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	XXX
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	XXX
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	XXX
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	XXX
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	XXX
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Daniel Levy Date 07/15/08
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	NIH
NO	
Please list	Employee of NIH/NHLBI
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	>\$25,000
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
i lease list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate
ITEM 8	with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
YES	
NO	X
Please list	
	Provide a description of relevant positions of any organizations or groups with whic
ITEM 10	are closely identified or associated that might represent a conflict of interest
YES	
NO	X
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Franz H. Messerli, MD Date June 30, 2008
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	
Please list	Bayer, Boehringer Ingelheim, Forest, Dalichi Sankyo, Sanofi, Abbott >\$25,000
YES	√ × 23,000
NO	
Please list	GSK, Novartis, Pfizer
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	\
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
TEM <u>5</u>	Receipt or potential receipt of royalty income from copyrights > \$10,000

V
Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
√
Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
J
Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
1
MedixInfo
Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
Novartis
Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
I and the second

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Robert Phillips Date 7/31/07
Name	Robert Finnips Date 115 not
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	no
Please list	
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	
NO	DO.
NO	no
Please list	
YES	<u>>\$25,000</u>
ILO	
NO	
Please list	
i ioudo iiot	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
11.0	
NO	no
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	no
110	
Please list	
ircas c	Receipt or potential receipt of royalty income from copyrights > \$10,000
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

.*

YES	
NO	no
Please list	
<u>ITEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	no
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	no
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	no
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	yes
NO	
Please list	King Pharmaceutical
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	no
Please list	

E	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Domenic Sica Date July 31,07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Novartis, Forest Labs, Neurotherapeutics
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Glaxo, Smith-Kline >\$25,000
YES	X
NO	
Please list	Novartis
<u>ITEM 3</u>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	The state of the s
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X - any grants received are paid directly to Virginia Commonwealth University
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	X
NO	
Please list	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of Hypertension

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	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
	EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Addison A. Taylor Date: 7/5/08
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations Glaxo SmithKline: Scientific Advisory Board
YES	FDA CardioRenal Advisory Committee: Consultant
NO	Forest Research Institute: Consultant SPS3 Trial Hypertension Committee (NIH-NIDDK): Committee member
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	Novartis Pharmaceuticals Forest Research Institute
NO	FOIEST NESEARCH MISULULE
Please list	>\$25,000
YES	- 420,000
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
AND COURT IN COMPANIES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
V=0	Novartis Pharmaceuticals
YES	Forest Research Institute Merck Research Laboratories
NO	Abbott Laboratories
	Sanofi-Aventis Pharmaceuticals
Please list	Bristol-Myers-Squibb Pharmaceuticals
	Boehringer-Ingelheim Pharmaceuticals
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	William B. White,MD ; June 29, 2008
<u> TEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Special Government Employee for FDA Cardiorenal Advisory Board (Ad Hoc) Chairman, Study Section, Donaghue Medical Research Foundation (W. Hartford, CT)
<u>ITEM 2</u>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	x
Please list	>\$25,000
YES	
NO	x
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	x
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

VEC	lu l
YES	X
NO	
Please list	Editor-in-Chief , Blood Pressure Monitoring (Lippincott Williams & Wilkins) - royalty income is typically < \$10,000 but potential exists
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
YES	
NO	ly .
NO	X .
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
TES	X
NO	
Please list	2004-2007 : Astra-Zeneca - Insitutional Grant to University of Connecticut \$340,000
i lease list	2004-2007 : Pfizer Inc - Joint grant to University of Connecticut and University of Alabama \$345,0
	Provide a description of relevant positions of any organizations or groups with which you
<u>ITEM 10</u>	are closely identified or associated that might represent a conflict of interest
YES	X
NO	Perceived Conflicts - Actual conflicts do not exist
Please list	Occasional Consultant for Data analysis activities - Boehringer Ingelheim
riease iist	Safety Consultant - Novartis
	Safety Consultant - Novartis Safety Consultant - TAP/Takeda
	DSMB chairman - Gilead
	Endpoints Chairman - Myriad Genetics

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Delman Kaplan Date 8/2/07
Trans	Service as an Officer, trustee, board member, committee member, or consultant for other
ITEM 1	not-for-profit, or government organizations
YES	
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
<u></u> .	
NO	
Please list	
YES	>\$25,000
NO	
Please list	
ТЕМ 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
10	
Please list	
TEM 4	Possession of stock options held in a for-profit, health-care related corporation
'ES	
io	
lease list	
	

l	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES V	Lippincott Williams and Wilken Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
TEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES 1	Sochringen lagetheim and Atizen
NO	
lease list	
TEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
'ES	
10	
lO lease list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if It is >\$50,000
lease list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
lease list	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
lease list FEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
Please list FEM 9 ES O	be reported if it is >\$50,000
Please list FEM 9 ES O	Provide a description of relevant positions of any organizations or groups with which you
Please list FEM 9 ES O lease list EM 10	Provide a description of relevant positions of any organizations or groups with which you

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Myron Weinbergen Date July 28/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for not-for-profit, or government organizations
YES	Board member
NO	
Please list	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accre and non-accredited Continuing Medical Education (CME) events with payments from single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
NO	
Please list	
YES	<u>>\$25,000</u>
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,0 any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	

YES	
NO	
Please list	
<u>ITEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payment >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corpora with healthcare-related activities
YES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation no to be reported if it is >\$50,000
YES	
NO	
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Marvin	10-Aug-0
Moser	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	<u>\$10,001-\$25,000</u>
NO	X
Please list	
VEC	>\$25,000
YES	
NO	X
Please list	
TEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
TEM 4	Possession of stock options held in a for-profit, health-care related corporation
TEM 4	rossession of stock options field in a for-profit, fleatin-care related corporation
YES	
NO	X
Please list	

YES	
NO	X
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate with healthcare-related activities
YES	
NO	X
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	
NO	X
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	X
NO	
	President of Hypertension Education Foundation 501c (no salary)

OSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, EMBERS, COMMITTEE MEMBERS, ESTAFF AND LEGAL COUNSEL
L STATE AND LEGAL GOORGIL
n Officer, trustee, board member, committee member, or consultant for other , or government organizations
consultant, scientific advisory committee member, or lecturer for accredited redited Continuing Medical Education (CME) events with payments from a during the previous 12 months are reportable in the following income a) \$10,001-\$25,000; (b) >\$25,000
,000
of stock, bond, or self-directed pension plan holdings in excess of \$25,000 ir it, healthcare-related corporation. Investments managed solely by a third nutual funds are exempted from this reporting requirement
of stock options held in a for-profit, health-care related corporation
potential receipt of royalty income from copyrights > \$10,000

YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporati with healthcare-related activities
YES	
NO	NO
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation need to be reported if it is >\$50,000
YES	
NO	NO
Please list	
	Provide a description of relevant positions of any organizations or groups with whic are closely identified or associated that might represent a conflict of interest
<u>ITEM 10</u>	
YES	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Melissa Levine
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	NO
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	NO .
NO	
Please list	>\$25,000
YES	
NO	NO
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	NO
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	NO
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	NO
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	NO
Please list	
<u>ITEM 7</u>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	NO
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate with healthcare-related activities
YES	
NO	NO
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation not to be reported if it is >\$50,000
YES	
NO	NO
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
YES	
NO	NONE

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ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
TORRY MARK ANSONE Date 9/11/07
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
\$10,001-\$25,000
<u>>\$25,000</u>
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
Possession of stock options held in a for-profit, health-care related corporation
Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO 🗸	
Please list	
	Do you have any personal or business relationship(s) that would, or may, affect the
ITEM 6	discharge of your responsibilities with the Society?
YES	
/	
NO V	
Please list	
	Descint or natestial receipt of any non revelty payments or entitlements to nayments
	Receipt or potential receipt of any non-royalty payments or entitlements to payments
	>\$10,000 from a healthcare-related organization that are not directly related to the
ITEM 7	reasonable costs
V=0	
YES	
NO 🗸	
Please list	
	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation
ITEM 8	with healthcare-related activities
YES /	
NO 💆	
Please list	
	Receipt of research grant support or in-kind support from a for-profit corporation needs
ITEM 9	to be reported if it is >\$50,000
1121110	as repended in the conject
YES	
/	
NO V	
Please list	
i ioado iiot	
	Provide a description of relevant positions of any organizations or groups with which you
<u>ITEM 10</u>	are closely identified or associated that might represent a conflict of interest
YES /	
NO 🗸	
Please list	

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,
	BOARD MEMBERS, COMMITTEE MEMBERS,
	EXECUTIVE STAFF AND LEGAL COUNSEL
	EXECUTIVE STATE AND LEGAL GOONGEL
Name	Kathleen Sheridan
	22-Jun-06
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
ILO	
NO	X
Diagonalist	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	<u> </u>
NO	X
Please list	
	>\$25,000
YES	
NO	X
140	
Please list	
<u>ITEM 3</u>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
i loude list	

TEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	X
Please list	
<u>TEM 6</u>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	X
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	X
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	X
Please list	
<u>ITEM 9</u>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	X
Please list	
<u>ITEM 10</u>	Provide a description of relevant positions of any organizations or groups with which yo are closely identified or associated that might represent a conflict of interest
YES	
	X

Conflict of Interest Disclosure Forms for the Calendar Year 2008

	CONFLICT OF INTEREST DISCLOSURE FORMS CALENDER YEAR 2008
	Board of Directors:
	Officers:
	Henry R. Black, MD, President
	C. Venkata Ram, MD, Vice-President
	Franz H. Messerli, MD, Treasurer
4	Sandra J. Taler, MD, Secretary
5	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	Directors at Large:
	David Bisognano, MD, PhD
	Keith C. Ferdinand, MD
	Alan H. Gradman, MD
	Daniel T. Lackland, DrPH
	Daniel Levy, MD
	Robert A. Phillips, MD, PhD, CME
	Addison A. Taylor, MD, PhD
14	William B. White, MD
	Ex-Officio Non-Voting Members
15	Thomas D. Giles, MD, ASP President
	Myron Weinberger, MD, Editor in Chief, Journal of American Soc. of Hypertension (JASH)
	Michael A. Weber, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	ASH Staff
	Gilda Caputo, Director of Meetings & Exhibits
	Melissa Levine, Associate Executive Director, Scientific Meetings
	Torry Mark Sansone, Executive Director
21	Kathleen Sheridan, Director of Education



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), <u>any</u> financial relationships or relationships to products with commercial interests or manufacturers (<u>over the past 12 months</u>) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:	Date:
Henry Black	12/16/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

I have no relationships to disclose. (Proceed to Part 2)

(Automorphism)		Name of Company	AMOUNT			
Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months		<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary	=				
	Royalties (including trademarks or patents)					
×	Advisor/consultant	Boehringer, Daiichi, CVRx, NiCox, Novartis, Pfizer, Sanofi, Gilead, Takeda	x	X (Intercu re, Merck)		
	Trustee, board member, committee member	6				
	Grant/research support					
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
	Speakers' bureau/speaking/teaching					

p,3

Part 2 o	f 3							
Agree	Disagree							
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.						
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.						
		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.						
		Should an honorarium be offered for my participation in the activity, I have not and will accept any honoraria, payments or reimbursements beyond that which has been agreupon directly with ASH.						
		I understand that ASH may review my presentation for commercial bias prior to the activity I will provide educational content and resources in advance as requested.						
——————————————————————————————————————	Other relation	relevant financial benefit or nship						

I represent that the foregoing information is complete and truthful.

1661	, 116/09	
HENDIR. BLACK	72776)4)	

Signature of Reporting Individual

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Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

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Name of Reporting Individual:	Date:
1. / INKATA S. KAM, CO	12/17/09
C. VZ-NRA14 3:1 (1)11	(0),10)

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

The Therese San	and a supering the second of t		AMOUNT			
Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
- 110-	Employment income/salary					
	Royalties (including trademarks or patents)					
~	Advisor/consultant	NICOX, B-T	×			
X	rustee board member, committee member	MINDU TEMPLE NA				
	Grant/research support					
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
7	Speakers' bureau/speaking/teaching	DArchi, B-I	×			
	Other relevant financial benefit or relationship					

Agree	Disagree	
<u> </u>		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
iV		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
	<u> </u>	Activity content, including presentation of therapeutic options, will be well balanced evidence-based and unbiased.
	٤	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
الد	5	I understand that ASH may review my presentation for commercial bias prior to the activity I will provide educational content and resources in advance as requested.

art 3 of 3		ALCON BUILDING	and some of the state of the first test sand and the state of the stat
Agree	Disagree	N/A	
TE/	. D	12	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
25	G	C	The recommendations that I provide Involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
rs/			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
	<u>-</u>	E	I will disclose that the use or Indication of an off label product is not currently approved by the FDA for labeling or advertising.
:V	- a	E	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	13	п	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Signature of Reporting Individual

Date of Completion

PLEASE RETURN TO ASH: 148 Madison Avenue, Fifth Floor, NY, New York 10016-6700 • (212) 696-9099 Fax (212) 696-0711; DISCLOSURES@ASH-US ORG; www.ash-us.org



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Name of Reporting Individual:	Date:
Franz H. Messerli, MD	12/16/2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

The control of the second control of the sec

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
Check {X} ppropriate Baxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
K	Royalties (including trademarks or patents)					
Х	Advisor/consultant	GSK, Novartis, Boehringer Ingelheim, Forest, Daiichi Sankyo, Takeda		х		
	Trustee, board member, committee member					
×	Grant/research support	Forest, Daiichi Sankyo and Boehringer Ingelheim			x	
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
X	Speakers' bureau/speaking/teaching	GSK, Novartis, Boehringer Ingelheim, Forest, Daiichi Sankyo, Takeda, Aphorium, ASH		×		
	Other relevant financial benefit or relationship			<u> </u>	L	

Part 2 o	f3	
Agree	Disagree	
ij		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Agree	Disagree	N/A	
X		At 15	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
Ø			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
×	#		I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
×			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
×			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
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Signature of Reporting Individual



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Name of Reporting Individual:	Date:
Sandra J. Taler MD	December 11, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
່ heck {X} ,⊿propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)					
	Advisor/consultant					
	Trustee, board member, committee member					
	Grant/research support	dian it .				
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
	Speakers' bureau/speaking/teaching					
	Other relevant financial benefit or relationship					

Part 2 c	ท์ 3	
Agree	Disagree	
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	,-	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	22 9
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
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	37-7	χ÷	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Sandra J. Taler MD	December 11, 2009

Signature of Reporting Individual



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Name of Reporting Individual:	Date:	
George Bakris	January 2010	

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
neck {X} ,∠propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)					
Х	Advisor/consultant	Gilead, Novartis, Walgreens, Daichi-Sankyo, BMS-Sanofi, Fibrogen, CVRx, GSK, Forest, Takeda	x			
	Trustee, board member, committee member					
Х	Grant/research support	GSK, Forest		х		
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
Х	Speakers' bureau/speaking/teaching	Novartis, GSK, Forest				

Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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		I understand that ASH may review my presentation for commercial bias prior to the activity will provide educational content and resources in advance as requested.
	1	relevant financial benefit or conship

Seonge (. Bekulm)
December 20, 2009

Signature of Reporting Individual

Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
		9	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
	,	F 18	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
	4	İ	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	LP.		If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.



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Name of Reporting Individual:	Date:
SUZANNE OPARIL, MD	December 14, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

and an interest of the state of				AMOUNT	
Check {X} Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary		R		
	Royalties (including trademarks or patents)	· °.			
	Advisor/consultant	Boehringer Ingelheim, Bristol Myers- Squibb, Daiichi Sankyo Inc., Forest Laboratories, NicOx, Novartis, Sanofi Aventis, and The Salt Institute.	X		
	Trustee, board member, committee member				
	Grant/research support	Daiichi Sankyo Inc., Forest Laboratories, Gilead, and Novartis.			X
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation	9			
	Speakers' bureau/speaking/teaching	Daiichi Sankyo Inc., Forest Laboratories, Merck.	7	X	1000
	Other relevant financial benefit or relationship	/#			

(*************************************		
Agree	Disagree	
×	£)	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
×	Ð	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
<u>×</u>	() 1 10	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
×	D	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
· ×	a	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Pan Sor 3			
Agree	Disagree	N/A	
×	<u> </u>	C	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
*	<u> </u>	Ω	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
*	2	Ξ.	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
X	9	O	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
×	53.	D	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
X	Œ.	3	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

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Vilhamel him in	1.1/16	
Swigawiel Jane Min	12/14/04	

Signature of Reporting Individual



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Name of Reporting Individual:	Date:
JOHN D. BLOGNANI)	/2/2.1.
	16/21/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

Check (X)	Type of Financial Relationship Within the Past 12 Months			AMOUNT			
Boxes		Name of Company	<\$10,000	\$10,000 - \$25,000	>\$28,000		
	Employment income/salary			<u> </u>			
11	Royalties (including trademarks or patents)						
×	Advisor/consultant	CVR×	/				
	Trustee, board member, committee member						
×	Grant/research support	CVR×					
	Ownership interest (stocks, excluding diversified mutual funds)	-					
	Ownership/partnership or principal of non-profit or for profit corporation						
	Speakers' bureau/speaking/teaching						
	Other relevant financial benefit or relationship						

Agree	Disagree	
X	,	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
\times	τ	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
X	y 17	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
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8-1	1)	I understand that ASH may review my presentation for commercial bias prior to the activity will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
\times	Fuk	C!	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
\times	ir.	12-11 12-21	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of petients.
X	e.	ו1	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
X	Ji	O	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
X	č)	m	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
7	LÜ)	1.1	If I am presenting research funded by a commercial company, the information presented will not promote the commercial Interest of the funding company.

SUP

12/21/09

Signature of Reporting Individual



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Name of Reporting Individual:	
Ketth C. Ferdinand MD	Date:
Please disclore and formation of the second	12/1/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

Check (X) Appropriate	Type of Financial Relationship		AMOUNT			
Boxes	Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment Income/salary					
	Royalties (including trademarks or patents)					
	Advisor/consultant	Astra Zeneca, Forest, Roche, Ptizer Danchi Smakyo Takeda Novartis				
	Trustee, board member, committee member					
	Grant/research support	Novartis, Druck: Sankyo				
	Ownership interest (stocks, excluding diversified mutual funds)	71170		\rightarrow		
	Ownership/partnership or principal of non-profit or for profit corporation					
	Speakers' bureau/speaking/teaching	Astratenece Nountis Forst				
(Other relevant financial benefit or relationship		_			

ABC

Part 2 c	of 3	
Agree	Disagree	
V		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
V		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
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Part 3 of 3			
Agree	Disagree	N/A	
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I represent that the foregoing information is complete and truthful.

Signature of Reporting Individual



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Name of Reporting Individual:	Date:
Alan H. Gradman, MD	12/18/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
neck {X} . "propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)					
Х	Advisor/consultant	Novartis, Daiichi-Sankyo, Forest Laboratories, Merck	×			
	Trustee, board member, committee member					
Х	Grant/research support	Novartis			х	
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation	٥				
Х	Speakers' bureau/speaking/teaching	Daiichi-Sankyo, Novartis, Forest Laboratories, Merck			х	
	Other relevant financial benefit or relationship					

Part 2 o	of 3	
Agree	Disagree	
	, -	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
Agree	Disagree	N/A	
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			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
4	T. (1)	t _u t	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
	-1	10	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
,	- 1	53	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Alan H Gradman	12-18-09



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

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Name of Reporting Individual:	Date:
Daviel T. Lackland	12/14/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

				AMOUNT	UNT	
Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
-	Employment income/salary					
. G	Royalties (including trademarks or patents)	or and the second secon				
X	Advisor/consultant	Pfizer	X	ana sere		
	Trustee, board member, committee member	¥	<u>.</u>			
	Grant/research support	1 P				
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation				<u> </u>	
X	Speakers' bureau/speaking/teaching	Novartis, Sanodi-Aventis	X			
	Other relevant financial benefit or relationship				e e	

Agree	Disagree	
* *		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
V 1	-	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
	*-	I understand that ASH may review my presentation for commercial bias prior to the activity I will provide educational content and resources in advance as requested.

Part 3 of 3	NE BEIDE		the trade and the same and the
Agree	Disagree	N/A	The state of the s
×	**************************************	s ij	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
70	7-		The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
X			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available
×	***	5	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
<u>/</u>	5 1		If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
×	4	7.	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

.Signature.of.Reporting Individual



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Name of Reporting Individual:	Date:
Daniel Levy	12/09/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[x] I have no relationships to disclose. (Proceed to Part 2)

Dan 1 of

Check {X}			AMOUNT			
hppropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
1 1 11	Employment income/salary					
V. IS	Royalties (including trademarks or patents)	= 3				
	Advisor/consultant	= 2				
N	Trustee, board member, committee member	-				
	Grant/research support	A PROMITE				
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation			11-7		
	Speakers' bureau/speaking/teaching	25				
	Other relevant financial benefit or relationship					

Part 2 o	f3 ,	
Agree	Disagree	
Х	⟨(ā	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
×	E (8	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
×		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
×		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
Х		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
×).C (%)	16	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
×			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
×			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
7	88570 es	K K	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
- 6		*	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
		χ	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Daniel Lowy 12/09/09

Signature of Reporting Individua



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Name of Reporting Individual:	Date:
Robert A. Phillips	
	12/16/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

e in action of the con-		Name of Company	AMOUNT		
Check (X) ppropriate Boxes	Type of Financial Relationship Within the Past 12 Months		<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary	***************************************			
	Royalties (including trademarks or patents)				
х	Advisor/consultant	NiCox	х		
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)	4. 1. 1.			
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
VII. 32.123	Other relevant financial benefit or relationship				

Agree	Disagree	
1	(J	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
K	IJ	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
×	IJ	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
M	О	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
×	C1	I understand that ASH may review my presentation for commercial bias prior to the activity I will provide educational content and resources in advance as requested.

Part 3 of 3	on the second		
Agree	Disagree	N/A	
Ŋ	n	ເລ	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
×		<u></u>	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
×	E1	C	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
X	IJ	Ġ	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
	[_1	X	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
N			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Signature of Reporting Individual Date of Completion



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Name of Reporting Individual:	Date:	
Addison A. Taylor, M.D., Ph.D.	12/17/2009	

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary	38				
	Royalties (including trademarks or patents)					
/	Advisor/consultant	See attached	/			
	Trustee, board member, committee member					
/	Grant/research support	See attached			/	
	Ownership interest (stocks, excluding diversified mutual funds)	9)				
	Ownership/partnership or principal of non-profit or for profit corporation					
/	Speakers' bureau/speaking/teaching	See attached	/			
	Other relevant financial benefit or relationship					

Part 2 o	f-3	
Agree	Disagree	
A	[]	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
<u> </u>	D	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
×/	ĽĴ.	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
	n	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
· ·	0	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3.			
Agree	Disagree	N/A	
Ĭ.	ם		I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
N.			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
5/	<u>-</u>		I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
×.	٦		I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
4	-u-	粒	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
(J	5		If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

. 0 1 .		
addyon a Vayler up	12/17	2009

Signature of Reporting Individual

Statement of Financial Interest

Research Grants/Contracts in which Dr. Addison Taylor was/is either Primary Investigator or Subinvestigator in 2007-2008:

Merck Research Laboratories Merck & Company West Point, PA 19486

Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080

Forest Laboratories, Inc. St. Louis, MO 63045

Abbott Laboratories
One Abbott Park Road
Abbott Park, IL 60064-3500

GlaxoSmithKline Three Franklin Plaza Philadelphia, PA 19101

Sanofi Aventis 9 Great Valley Parkway Malvern, PA 19355

Bristol-Myers-Squibb 345 Park Avenue New York, NY Boehringer-Ingleheim 900 Ridgebury Road Ridgebury, CT 06877

Encysive Pharmaceuticals 4848 Loop Central Dr, Suite 700 Houston, TX 77081

Statement of Financial Interest, Cont.

Pharmaceutical firms in which Dr. Addison Taylor acted as a Consultant/participated in Advisory Committee/Member of Speakers' Bureau in 2007-2008 (honoraria received in some cases):

Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080

Merck Research Laboratories Merck & Company West Point, PA 19486

Boehringer-Ingleheim Binger Strasse 173, Germany

Abbott
One Abbott Park Road
Abbott Park, IL 60064-3500

Forest Laboratories, Inc. St. Louis, MO 63045



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:	Date:
William B. White, M.D.	
	16 December 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[] I have no relationships to disclose. (Proceed to Part 2)

51 1 00			AMOUNT		
heck {X} propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary	None			
	Royalties (including trademarks or patents)	NONE			
x	Advisor/consultant	Nicox Roche Takeda Global Research	Roche - x	Nicox - x	Takeda - x
	Trustee, board member, committee member				
	Grant/research support	National Institutes of Health (NIH) Novartis Independent Research (IRG) Pfizer, Inc (Independent Grant) Teva Neurosciences (Educational Grant)	Pfizer x	Teva - x	NIH and Novartis x
	Ownership interest (stocks, excluding diversified mutual funds)	NONE			
	Ownership/partnership or principal of non-profit or for profit corporation	None			
	Speakers' bureau/speaking/teaching	Boehringer -Ingelheim		x	

Ayree	Disagree					
	T gen	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.				
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.				
į.	(ā	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.				
		Should an honorarium be offered for my participation in the activity, I have not and will accept any honoraria, payments or reimbursements beyond that which has been agree upon directly with ASH.				
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.				
	Other	relevant financial benefit or				

WILLIAM B. WHITE, MD	distribute.	17 December 2009	
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Part 3 of 3			
Agree	Disagree	N/A	
l .			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
		Ī	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
		П	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	=1		If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.



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Name of Reporting Individual:		Date:
Thomas D. Giles	T v v	
	* *	November 18, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
reck {X} ropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)					
Х	Advisor/consultant	Forest (1); NicOx (2); Novartis (3); DSI (4); BI (5); Sanofi (6)	1,2,3,4, 5,6			
×	Trustee, board member, committee member					
x	Grant/research support	Forest, Novartis (2)	2		1	
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
×	Speakers' bureau/speaking/teaching	Forest (1)			1	
	Other relevant financial benefit or relationship					

Agree	Disagree						
*		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.					
X	0	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.					
X		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.					
X		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.					
X		I understand that ASH may review my presentation for commercial bias prior to the act I will provide educational content and resources in advance as requested.					
_							

Thomas D. Giles	

. 43.

Part 3 of 3			
Agree	Disagree	N/A	
X			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
	*	67	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
X		Fla	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
x			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
	7	<u>x-</u> E	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	4	P	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.



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Name of Reporting Individual:	Date:
Myron H. Weinberger	Dec. 16, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
heck {X} propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,00	
Х	Employment income/salary	American Society of Hypertension Editor-in-chief JASH			x	
	Royalties (including trademarks or patents)					
	Advisor/consultant					
х	Trustee, board member, committee member	American Society of Hypertension	NONE			
	Grant/research support	7. T. S				
	Ownership interest (stocks, excluding diversified mutual funds)	7/				
	Ownership/partnership or principal of non-profit or for profit corporation					
х	Speakers' bureau/speaking/teaching	Pfizer (<10,000) SCS Intramed			×	
	Other relevant financial benefit or relationship					

Part 2 o	f 3	
Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
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		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
	×17	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3		a distribution	
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
		477	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
		_	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
		Ē	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
1.		<u>r_</u>	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Myron H. Weinberger	Dec.16, 2009

Signature of Reporting Individual

	ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL
Name	Michael A. Weber, MD Date 12/12/2008
<u>ITEM 1</u>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Member, Board of Directors, Center for Medicine In the Public Interest (CMPI)
NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
VEO	<u>\$10,001-\$25,000</u>
YES	
NO	
Please list	Glaxo SmithKline, Forest
YES	<u>>\$25,000</u>
NO	
Please list	Novartis, Daiichi Sankyo, Boehringer Ingelheim,
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	N/A
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	N/A
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

N/A
Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
N/A
Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the
reasonable costs
N/A
Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporate with healthcare-related activities
N/A
Receipt of research grant support or in-kind support from a for-profit corporation ne to be reported if it is >\$50,000
N/A
Provide a description of relevant positions of any organizations or groups with which are closely identified or associated that might represent a conflict of interest
Currently an Associate Editor of Reviews in Cardiovascular Medicine, but would resign this



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Nam	e of Reporting Inc	dividual:	207 - 8035	Date:
Gilda	Caputo	Hansen	K	12-16-09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

] I have no relationships to disclose. (Proceed to Part 2)

heck {X} ρropriate Boxes				AMOUNT			
	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000		
	Employment income/salary						
	Royalties (including trademarks or patents)						
	Advisor/consultant	50 X					
	Trustee, board member, committee member						
	Grant/research support						
	Ownership interest (stocks, excluding diversified mutual funds)						
	Ownership/partnership or principal of non-profit or for profit corporation						
	Speakers' bureau/speaking/teaching						
	Other relevant financial benefit or relationship						

Agree	Disagree	3 3
	¥1	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
	12	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
	4 =	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity I will provide educational content and resources in advance as requested.

Part 3 of 3	3 of 3		
Agree	Disagree	N/A	
		5	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
		A.*	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
	5-	Ē.	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
	-	ir.	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
		工	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Sier (ist Carse 12-16-09

Signature of Reporting Individual



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), <u>any</u> financial relationships or relationships to products with commercial interests or manufacturers (<u>over the past 12 months</u>) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:	Date:
Melissa Levine	12/16/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[\times] I have no relationships to disclose. (Proceed to Part 2)

				AMOUNT	
Theck {X} propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant				
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching	# 15 15 J			
	Other relevant financial benefit or relationship				

Agree	Disagree	
	2	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
	a fi	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3		7.5	
Agree	Disagree	N/A	
-			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
	-	ì	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
	· · · · · · · · · · · · · · · · · · ·		I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
	=1	N. Same	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
		-	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

Melisa Turn	/2/16/09

Signature of Reporting Individual



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

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Name of Reporting Individual:	Date:	
TORRY MARK SANSONE	12/15/09	

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

I have no relationships to disclose. (Proceed to Part 2)

			AMOUNT			
`heck {X} propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)					
	Advisor/consultant					
	Trustee, board member, committee member					
	Grant/research support					
	Ownership interest (stocks, excluding diversified mutual funds)	48.0				
	Ownership/partnership or principal of non-profit or for profit corporation					
	Speakers' bureau/speaking/teaching					
	Other relevant financial benefit or relationship					

Part 2 o	f 3	
Agree	Disagree	
	n'i	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
	, e	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
W AV	K	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
4 K		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
٨	y /		The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
20, CK		147	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
PAR			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
		Ş	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	Tr.	E	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

TORMMACH Dausonl	12/15/09	
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Signature of Reporting Individual



DISCLOSURE FORM FOR RESPONSIBLE PERSONS

Disclosure of Conflict of Interest

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Name of Reporting Individual:	Date:
Kathlein Sheiden	12/14/2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[χ] I have no relationships to disclose. (Proceed to Part 2)

				AMOUNT		
leck {X} propriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	<\$10,000	\$10,000 - \$25,000	>\$25,000	
	Employment income/salary					
	Royalties (including trademarks or patents)	e e e e e e e e e e e e e e e e e e e				
	Advisor/consultant					
	Trustee, board member, committee member					
	Grant/research support					
	Ownership interest (stocks, excluding diversified mutual funds)					
	Ownership/partnership or principal of non-profit or for profit corporation					
	Speakers' bureau/speaking/teaching					
	Other relevant financial benefit or relationship	g 195				

Part 2	f 3	
Agree	Disagree	
Ų.		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
	i.r	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
- 0	**	9	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
	-		If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

12/14/2009

Signature of Reporting Individual

AMERICAN SOCIETY OF HYPERTENSION, INC. (ASH) POLICY FOR OUTSIDE SOURCE FUNDING

Background:

The Bylaws of The American Society of Hypertension, Inc. (ASH) state that "the mission of the Society is to promote and encourage the development, advancement and exchange of scientific information in all aspects of research, awareness, prevention, detection, treatment and control of hypertension, and related cardiovascular diseases. The Society serves as a forum for the discussion, debate and dissemination of scientific information and clinical treatment strategies for hypertension and cardiovascular health for the broadest possible array of scientific disciplines."

To accomplish its mission, The American Society of Hypertension, hereafter referred to as 'The Society', is dependent upon voluntary service of its elected officers, board members, and committee members to achieve its goals. The Society also recognizes that a general spirit of collaboration and cooperation among not-for-profit, for-profit and government organizations is essential for the greater good of scientific research, clinical practice, and patient health.

Policy:

The Society will accept funding from outside sources, ie not-for-profit, for-profit and government organizations, according to the terms set forth by the Society and with the understanding that the funding is not dependent on any term, expectation, or restriction from the outside source.

The Society will use funding from outside sources according to the terms set forth in the letter of agreement, or similar document, and if requested will be able to provide the outside source with a full reconciliation of the funding expenditures.

The Society will disclose funding from outside sources via acknowledgement in activity materials, signage, announcements, or other appropriate mechanisms depending on the nature of the activity.

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REVENUE FROM INDUSTRY SUMMARY 2006-2009

	2006	2007	2008	2009
ANNUAL SCIENTIFIC MEETING	\$508,350.00	\$489,985.00	\$635,104.00	\$346,525.00
CORPORATE DUES	\$262,000.00	\$165,000.00	\$250,000.00	\$150,000.00
EDUCATIONAL SERVICES	\$3,373,334.56	\$3,189,305.48	\$3,256,846.40	\$4,004,509.00
DONATION	\$1,000.00	\$1,100.00	\$7,000	\$3,250.00
	\$2,000.00	4-/-00:00	7.7000	1-7
TOTAL	\$4,144,684.56	\$3,845,390.48	\$4,148,950.40	\$4,504,284.00

TOTAL REVENUE RECEIVED FROM PHARMA FY 2006

	TOTAL GRANT		COMMENTS
	Н		CONTRACTO
ANNUAL SCIENTIFIC MEETING	-6		
		SLACK, MERCK, LYNCH, ASTRAZENECA, W.A. BAUM, ABBOTT LABS, RESPIRONICS, MYOGEN, WYETH, NOVARTIS, NATIONAL	
		SUNTECH, BI, KOS, ABD BUGINEERING, KENT SCIENIFIC, NATURE AMERICA, RELIANT, PFIZER, QUEST DIAGNOSTICS, INTERCURE, CARDIODYNAMICS.	
		DIAGNOSTICS, BMS, THEM MEDICAL, SPACE LABS MEDICALS, MEDIA ALERTS, THE HUMAN PRESS, ACTOR MEDICAL,	
	273,350.00	SANOFI AVENTIS, VASAMED	SANOFI AVENTIS, VASAMED EXHIBITS
	5,000.00	NOVARTIS: ADVANTAGE COMMUNICATIONS	HOTEL KEYS
	65,000.00	NOVARTIS	PROGRAM BOOK
	30,000.00	30,000.00 PFIZER - CLINE DAVIS	LANYARDS
	65,000.00	65,000.00 NOVARTIS	FACULTY ACKNOWLEDGEMENT/RECOGNITION EVENT
SUB TOTAL	508,350.00		
CORPORATE DUES	** 000 00		CORPORES
	15,000.00		CORP DUES
	15,000.00	15,000.00 BOEHRINGER INGELHEIM 15,000.00 BIOVAIL	CORP DUES
	15,000.00		CORP DUES
	15,000.00		CORP DUES
	97,000.00	97,000.00 MERCK 15,000.00 NOVARTIS	CORP DUES CORP DUES
	15,000.00		CORP DUES
	15,000,00 SERVIER	SERVIER	CORP DUES
SUB TOTAL	262,000.00		
EDUCATIONAL SERVICES:			
	323,600.00		SYMPOSIUM
	243,001.00		SYMPOSIUM
	204,987.00		SYMPOSIUM
	215,243.00	215,243.00 CV THERAPEUTICS	SYMPOSIUM
	338,876.00	SERVICE SERVIC	SYMPOSIUM, SPECIAL POPULATION SEMINARS (AFRICAN AMERICAN, ASIAN, HISPA
	74,865.08	PFIZER - ACADEMY FOR HEALTH CARE EDU FOREST-ADVANTAGE COMMUNICATIONS	SYMPOSIUM
	48,469.00	MERCK	SYMPOSIUM
	56,382,91	ASIRACENECA: INNOVIA	SYMPOSIUM
	73,533.36	53,533,36 SANGEI SYMPOSIUM SYMPOSIUM SYMPOSIUM	MNISOGMAS
	78,120.00	OMRON	SYMPOSIUM
	14,906.33	BIOVAIL	ENDURING MATERIAL
	155,495.00 BOEHRI	BOEHRINGER INGELHEIM	ENDURING MATERIAL 1CH SUPPLEMENT
	10,000.00		ENDURING MATERIAL
	10,000.00	10,000.00 ABBOTT	ENDURING MATERIAL
	128,000.00		SYMPOSIUM
	269,634.00	VGER INGELHEIM	SYMPOSIUM
	218,225.00 PFIZER	PFIZER:	SYMPOSIUM
SUB TOTAL	3,373,334.56		
DOMALIANIA		PORTOR	5001 HOL
CUR TOTAL	1,000.00	TOKEST	DOWNTOW
SOO LOIME	1,000.00		
TOTAL	4,144,684.56		

MANCHA SCRIPTICE CRETTING MANCHA SCRIPTICE MANCHA			\$3,845,390,48	TOTAL
### TOTAL GRANT AROUNT INDUSTRY AROUNT INDUSTRY AROUNT INDUSTRY AROUNT INDUSTRY AROUNT INDUSTRY AROUNT INTEGRIUM, SLACK INC. WA REDICAL, INTEGRIUM, SLACK INC. WA REDICAL, CAROLITE, BI, NATIONAL REDICAL, CORRENTINGEN, CAROLITE, BI, NATIONAL REDICAL, CAROLITE, SQUIBB MS-SANOFI AL REDICAL CAROLITE, BI, NATIONAL REDICAL CAROLITE, SQUIBB MS-SANOFI AL REDICAL CAROLITE, BI, NATIONAL REDICAL CAROLITE, BI, N			\$1,100.00	SUB TOTAL
TOTAL GRANT AROUNT INDUSTRY	CONATION	FORES!	30.001.15	ll-a
### ITOTAL GRANT AROUNT INDUSTRY AROUNT INDUSTRY AROUNT INDUSTRY ###################################	7000	-035		The state of the s
TOTAL GRANT AROUSTRY AROUSTRY				DONATIONS
### TOTAL GRANT AROUNT INDUSTRY MEDICAL, INTEGRIUM, SLACK INC, WA MEDICAL, INTEGRIUM, STACK INC, WA MEDICAL, INTEGRIUM, WEBCASORIN, WILL, WA MEDICAL, INTEGRIUM, WEBCASORIN, WILL, WA MEDICAL, INTEGRIUM, WILLOW, STACK SALODOLO BESTOL WEBCASORIN WILLIAMS AND MICHAEL SALODOLO BESTOL WEBCASORIN WILLIAMS SALODOLO BESTOLO WEBCASORIN WILLIAMS				
TOTAL GRANT AMOUNT INDUSTRY AMOUNT INDUSTRY AMOUNT INDUSTRY S15,000.00 Bt S15,000.00 Bt S15,000.00 Bt S15,000.00 Bt S15,000.00 Bt S15,000.00 BCHERNIUS MEDICAL, INTECRUN, SAURY, PRIZER, MICROLIFE, BI, NATURE AWERICA, ASD ENGINEERING, HOMEDICAL INTERMATIONAL, HESPERION, BIOMATIE CORP, SPACELAS MEDICAL, INTERMATIS S15,000.00 BCHERNIUS MEDICAL, HDI, PDL S55,000.00 BCHERNIUS MEDICAL, HDI, PDL S55,	SYMPOSIOM SYMPOSIOM	DALICH	\$3 180 305 48	SUR TOTAL
TOTAL GRANT AMOUNT INDUSTRY AMOUNT INDUSTRY AMOUNT INDUSTRY \$115,000.00 Bt	SYMPOSIUM	PFIZER	\$93,450.00	
TOTAL GRANT AMOUNT INDUSTRY ### RENT, INTEGRIUM, SLACK INC, WA BAUM, DAILCH SANNYO, ATCOR HEDICAL, INTEGRIUM, SLACK INC, WA BAUM, DAILCH SANNYO, ATCOR HEDICAL, INTEGRIUM, NOVARTIS, ONRON, MERCK, GSK, TRANSOMA, MEDICAL, HONREDICAL, HONREDICAL, HEROCUE, HONREDICAL, HONRE	SYMPOSIUM	PFIZER	\$149,000.00	
TOTAL GRANT AMOUNT INDUSTRY AMOUNT INDUSTRY ### RENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANNYO, ATCOR HEDICAL, INTEGRE, MATTONAL KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANNYO, ATCOR HEDICAL, INTEGRE, MATTONAL KENT, INTEGRE, MATTONAL KENT, INTEGRE, MATTONAL KENT, INTEGRE, MATTONAL HEDICAL, MATTONAL HEDICAL, INTEGRE, MATTONAL HEDICAL, MATTONAL HEDICAL, HENGOLIE, BI, NATURE PATER, MICROLIE, BI, NATURE PATER, MICROLIE, BI, NATURE HAMBOR, ARD ENGINEERING, HENGOUL, HENGOLO, BENERICA, JES, MICRO MEDICAL, HOMEDICAL, DAS, MICRO MEDICAL, HOS, HENGOLE, HOMEDICAL, MATTONAL, HESPERION, HERCK ### SES,000.00 BENATOL MYERS SQUIBB ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BOOLOGI MENGOL ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BOOLOGI MENGOL ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BOOLOGI MENGOL ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BOOLOGI MENGOL ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BENSTOL MYERS SQUIBB MS-SANOFI AN ### SES,000.00 BENSTOL MYERS SQU	SYMPOSIUM		\$6,000,00	
TOTAL GRANT AMOUNT INDUSTRY AMOUNT INDUSTRY AMOUNT INDUSTRY S15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILCH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KINT, INTEGRIUM, SLACK INC, WA BAUW, DAILCH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KINT, FOUNDAM, HERORCICAL, BANGE AMERICA, ASD ENGINEERING, MICRO MEDICAL, BANGE CYBERNIUS MEDICAL, HDI, PDL S55,000.00 BOEHRINGER INGELHEIM S15,000.00 BOEHRICK S15,000.00 BANKYO S15,000.00 BANKYO S15,000.00 BANKYO S15,000.00 BANGK S15,000.00 BANGK S15,000.00 BANGK S15,000.00 BANGK S15,000.00 BANGK S15,000.00 BANGK S15,000.00 BANGET S15,000.00 BANGK	SYMPOSIUM		\$6,000.00	
TOTAL GRANT AMOUNT INDUSTRY AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 RECORP, NATIONAL, NITECURE, NATIONAL, NITECURE, NATIONAL, NITECORE, NATIONAL, NITECORE, NATIONAL, NITECORE, NATIONAL, NEODICAL, DANGED CAL, JUNEAU, DANGED CAL, JUNEAU, DANGED CAL,	100000000000000000000000000000000000000	MUIX	\$6,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 BOENTINGER, MICRO, MEDICAL, MERCY, GAS, TRANSOMA MEDICAL, INTEGURE, BI, NATURE AMERCY, ASS, TRANSOMA MEDICAL, AND ENGINEERING, HOMEDICAL, ABO ENGINEERING, BIONATICS OF SPACELAS MEDICAL, LINTERNATIONAL, HESPERING, CYRX, DIASORIN, KING, HEMOCUE, MICHAHON, CARDIODYNAMICS \$15,000.00 BOENTINGER INGELHEIM \$40,000.00 STRAZENCA \$15,000.00 BOENTINGER INGELHEIM \$40,000.00 BOENTINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS \$15,000.00 BRISTOL MYERS \$15,000.00 SERVIER \$15,000.00 MERCK \$15,000.00 BRISTOL MYERS SQUIBB \$220,430.00 MERCK \$15,000.00 SERVIER \$15,000.00 SERVIER \$15,000.00 SERVIER \$224,102.00 KING PHARMA \$224,102.00 KING PHARMA \$223,093.00 SERVIER \$224,000.00 SERVIER \$224,000.00 SERVIER \$224,000.00 SERVIER \$237,095.00 MERCK \$15,000.00 SERVIER \$224,000.00 SERVIER \$224,000.00 SERVIER \$224,000.00 SERVIER \$225,000.00 MERCK \$15,000.00 SERVIER \$226,000.00 MERCK \$15,000.00 SERVIER \$2270,430.00 MERCK \$15,000.00 SERVIER \$2270,430.00 MERCK \$15,000.00 SERVIER \$2270,430.00 MERCK \$15,000.00 SERVIER \$2270,000.00 MERCK \$15,000.00 MERCK \$15,000.00 SERVIER \$2270,000.00 MERCK \$15,000.00 SERVIER \$2270,000.00 MERCK \$100.00 MERCK \$10	ENDURING	DAIICHI	\$362,340.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,0	ENDURING MATERIAL	FOREST	\$20,000.00	
TOTAL GRANT AMOUNT INDUSTRY S15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 BOENTRIVERY, MICROLIFE, BI, NATIONAL KINNEY, ABD ENGINERRING, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERERING, ENGRAPHO, CARDIOOYNAMICS \$65,000.00 NOVARTIS \$15,000.00 BOENTRINGER INGELHEIM \$415,000.00 BOENTRINGER INGELHEIM \$415,000.00 BOENTRINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS \$224,100.00 BRISTOL MYERS \$15,000.00 BRISTOL MYERS \$100.00 BRISTOL MYERS	REVIEW COURSE	DAIICHI SANKYO	\$100,000,000	
TOTAL GRANT AMOUNT INDUSTRY S15,000.00 BI \$15,000.00 BI \$15,000.00 BI KENT, INTECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS S15,000.00 BOEHRINGER INGELHEIM \$40,000.00 SERVIER \$15,000.00 BOEHRINGER INGELHEIM \$45,000.00 BOEHRINGER INGELHEIM \$45,000.00 BRISTOL MYERS SQUIBB \$15,000.00 FRIZER \$15,000.00 GRECK \$15,000.00 GRECK \$15,000.00 GILEAD \$224,102.00 FRIZER \$224,102.00 FRIZER \$15,000.00 GILEAD \$815,000.00 GILEAD \$815,000.00 GILEAD \$815,000.00 GILEAD \$816,000.00 GILEAD \$817,000.00 MERCK \$15,000.00 GILEAD \$818,000.00 GILEAD	VREVIEW COURSE	BRISTOL MYERS SQUIBB MS-SANOFI AV	\$15,000.00	
TOTAL GRANT AMOUNTI INDUSTRY S15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUN, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, ANTON MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, S269,985.00 MEDICAL, INTECURE, SIA, NATIONE MEDICAL, MICA, A8D ENGINEERING, BIONATE CORP., SPACELABR MEDICAL, HEMOCULE, MCMAPION, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIONAME CORP., SPACELABR S40,000.00 BOEHRINGER INGELHEIM S415,000.00 BOEHRINGER INGELHEIM	REVIEW COURSE	FOREST	\$25,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 BTECAL, ITAMAR MEDICAL, MATOR MEDICAL, ITAMAR MEDICAL, MIRCHURERRING, HAMOURITS, PHIZER, MICROLIFE, BI, NATURE PHIZER, S15,000.00 BOEHRINGER INGELHEIM \$15,000.00 BOEHRINGER INGELHEIM \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL	MUISODMAS	BRISTOL MYERS SQUIBB	\$80,666.88	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI KENT, INTECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS BIOMATE CORP, SPACELABS MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS \$55,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$449,085.00 \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 FRIZER \$15,000.00 GREATOL AND FOREST \$387,025.00 MERCK \$15,000.00 GILEAD \$15,000.00 GILEAD \$15,000.00 GILEAD \$15,000.00 GILEAD \$15,000.00 MERCK \$15,000.00 GILEAD \$15,000.00 MERCK \$15,000.00 GILEAD \$15,000.00 MERCK \$15,000.00 GILEAD \$15,000.00 MERCK	SYMPOSIUM	GUAXOSMITHREINE	\$74,060.73	
TOTAL GRANT AMOUNTI INDUSTRY S15,000.00 Bt \$15,000.00 Bt S15,000.00 BOEHRINGER INGELHEIM \$450,000.00 BOEHRINGER INGELHEIM \$450,0	STRIPOSION	SANCEL CEC	\$83,471.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,0	É	5	20 T20 E8#	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt FORENTIAL MECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINEERING, HOMEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINEERING, HOMEDICAL, EMPOCUE, MICRAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELASS MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIDOYNAMICS SESS,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS SQUIBB \$1172,300.00 BRISTOL MYERS \$224,102.00 KING PHARMA \$234,939.00 BRISTOL MYERS \$237,035.00 NOVARTIS \$237,035.00 NOVARTIS \$237,035.00 NOVARTIS \$237,035.00 NOVARTIS \$237,035.00 NOVARTIS \$237,035.00 NOVARTIS			#371 000 00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANKYO, ATOOR MEDICAL, INTEGURE, NATIONAL KIONEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRS, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRS, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRS, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRS, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, SESS, DOO, DO BOEHRINGER INGELHEIM SAS, DOO, DO BOEHRINGER INGELHEIM SAS, DOO, DO BOEHRINGER INGELHEIM SAS, DOO, DO BRITCH AND FOREST SAS, DOO, DO BRITCH AND FOREST SAS, 160, DOO, DO BRITCH SAS, 160, DOO, DOO SERVIER SAS, 160, DOO, AND COO SERVIER SAS, 160, DOO, DOO SERVIER SAS, 160, DOO, AND	CVMPOSITIM		יס האמ המא	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUN, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, PHZER, MICROLIFE, BI, NATUNE MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MEDICAL, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIONOMIC CARDIODYNAMICS (CYBERNIUS MEDICAL, HEMOCUE, MERCK \$15,000.00 BOEHRINGER INGELHIM \$440,000.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$15,000.00 BOEHRINGER INGE	SYMPOSILIM		10 001 58#	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt EXEMPT, INTECRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCY, GST, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERRING. CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIOOYNAMICS INTERNATIONAL, HESPERION, BIOWATE CORP, SPACELASS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$269,985.00 CYBERNIUS MEDICAL, HDI, PDL \$45,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$15,000.00 FOREST \$15,000.00 FOREST \$15,000.00 FOREST \$15,000.00 FOREST \$15,000.00 FOREST \$15,000.00 FRIZER \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 FRIZER \$15,000.00 BRIZER	SYMPOSTIM	NOVARTIS	JU 560 2£2\$	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANKYO, ATCOR MEDICAL, INTEGURE, NATIONAL KIUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSY, TRANSOWA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIE, BI, NATURE AMERICA, ASO ENGINEERING, CYRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOVNANTICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CYRK, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOVNANTICS SES,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$415,000.00 BECHRINGER INGELHEIM \$415,000.00 BROSHRINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS \$115,000.00 SERVIER	SYMPOSIUM	81	\$234,939.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILCH SANKYO, ATCOR MEDICAL, INTECURE, INTONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LEPPINCOTT WILLLANS & WILKINS, \$259,985.00 BOEHRINGER INGELHEIM \$430,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRIN	NUISOMMYS	KING PHARMA	\$224,102.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATUNE AMERICA, ABD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOWARTE CORP, SPACELABS MEDICAL, LEPPINCOTT WILLIAMS & WILKINS, \$259,985.00 CYBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$415,000.00 BASTRAZENCA \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 SERVIER	2 SYMPOSIA		\$387,925.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt FURNERY FOUNDATION, ATCOR MEDICAL, INTECURE, NATIONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GS, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERERING, HOMEDICS USA, MICRO MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIOOYNAMICS INTERNATIONAL, HESPERION, BIOWATE CORP, SPACELASS MEDICAL, LIPPINCTOT WILLIAMS & WILKINS, \$2269,985.00 CYBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$415,000.00 BOEHRINGER INGELHEIM \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS \$15,000.00	SYMPOSIUM		\$172,300.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI KENT, INTECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOWA MEDICAL, INTECURE, BI, NATURE AMERICA, ASO REGIRERENIO, OMRON, MERCK, GSK, TRANSOWA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIE, BI, NATURE AMERICA, ASO REGIRERENIO, CYRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOVNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CYRENIUS MEDICAL, CYBERNIUS MEDICAL, CYBERNIUS MEDICAL, HDI, PDL \$55,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$45,000.00 BRISTOL MYERS SQUIBB \$15,000.00 GERVIER \$15,000.00 GERVIER \$15,000.00 GERVIER	SYMPOSIUM			
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt S15,000.00 BTZER \$15,000.00 BOEHRINGER INGELHEIM			ERVICES:	EDUCATIONAL S
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 BT \$15,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB				
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt KENT, INTECURE, NATIONAL KINNEY FOUNDATION, ATCOR MEDICAL, INTECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GST, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ARD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, BMS, HOMEDICS USA, MICRO MEDICAL, BMS, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIDOYNAMICS SANOFIT S15,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$415,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL MYERS SQUIBB \$115,000.00 BRISTOL SIS,000.00 BRISTOL				
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILCH SANKYO, ATOOR MEDICAL, INTEGURE, NATIONAL KIONEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, BMS, MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROMEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CYBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$415,000.00 BRISTOM WERS SQUIBB \$15,000.00 BRISTOM WERS SQUIBB \$15,000.00 BRISTOM WERS SQUIBB \$15,000.00 BRISTOM WERS SQUIBB \$15,000.00 BRISTOM \$15,000.00 BRISTOM WERS SQUIBB \$15,000.00 BRISTOM \$15,000.00 BRISTOM \$15,000.00 BRISTOM \$15,000.00 SERVIER			\$165,000.00	SUB TOTAL
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, CVRX, DIASORIN, KING, HEMOCUE, WCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LEPPINCOTT WILLIAMS & WILKINS, \$259,985.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$15,000.00 BOEHRINGER INGELHEIM				
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTECRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSF, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATUNE AMERICA, ABD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOWATE CORP, SPACELASS MEDICAL, LEPPINCOTT WILLIAMS & WILKINS, \$259,985.00 DOBEHRINGER INGELHEIM \$440,000.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$455,000.00 BOEHRINGER INGELHEIM \$455,000.00 BASTRAZENCA \$515,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$15,000.00 Bt \$269,985.00 CVBERNIUS MEDICAL, HENGCUE, MEDICAL, PPINCERING, ENGURYNANTIS, DOWNARTIS, DOWNANTIS, DOWNANTIS, DIASORIN, KING, HENGCUE, MITTERNATIONAL, HENGCUE, MITTERNATIONAL, HENGCUE, MITTERNATIONAL, HENGCUE, MITTERNATIONAL, HENGCUE, MITTERNATIONAL, HENGCUE, MITTERNATIONAL, HENGERING, BIOWATE CORP, SPACELASS MEDICAL, S65,000.00 MOVARTIS \$30,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFT \$45,000.00 BOEHRINGER INGELHEIM \$45,000.00 BOEHRINGER INGELHEIM \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 FOREST \$15,000.00 FOREST \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 FOREST	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILCH SANKYO, ATOOR MEDICAL, INTEGURE, NATIONAL KIONEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, TIAMAR MEDICAL, BMS, PHIZER, MICROLIE, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICAL, JASO ENGINEERING, CVRX, DIASORIN, KING, HEMOCUE, WICHANTONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVRS, DIASORIN, KING, HEMOCUE, WICHANTONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CVBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$415,000.00 ABBOTT \$15,000.00 BRISTOL WYERS SQUIBB \$15,000.00 BRISTOL WYERS SQUIBB \$15,000.00 MERCK \$15,000.00 MERCK \$15,000.00 MOVARTIS	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$115,000.00 BT \$	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt \$15,0	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTECRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GST, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERRING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$269,985.00 CYBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFI \$55,000.00 NOVARTIS \$50,000.00 NOVARTIS \$515,000.00 ABBOTT \$15,000.00 ABBOTT \$15,000.00 BRISTOL MYERS SQUIBB \$15,000.00 BRISTOL MYERS SQUIBB	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILCHI SANKYO, ATOOR MEDICAL, INTEGURE, NATIONAL KIONEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, CYRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, CYBERNIUS MEDICAL, HDI, PDL \$450,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFI \$55,000.00 NEPCK \$15,000.00 ABBOTT \$15,000.00 BOEHRINGER INGELHEIM \$15,000.00 RISTON WYERS SQUIB9	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$115,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH! SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAWAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, ITAWAR MEDICAL, CVRX, DIASORIM, KING, HEMOCUE, MCMAHON, CARDIDDYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LPPINCOTT WILLIAMS & WILKINS, \$259,985,00 OD NOVARITS \$30,000.00 NOVARITS \$30,000.00 NOVARITS \$340,000.00 SANOFI \$455,000.00 MERCK \$459,985.00 SHOWARTIS \$5,000.00 MERCK \$459,985.00 BOEHRINGER INGELHEIM \$15,000.00 ABBOTT \$15,000.00 BOEHRINGER INGELEHIM	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, PHZER, MICROLIFE, BI, NATUNE INTERNATIONAL, HESPERION, BIOWATE CORP, SPACELABS MEDICAL, LEPPINCOTT WILLIAMS & WILKINS, \$259,985.00 BOEHRINGER INGELHEIM \$40,000.00 BOEHRINGER INGELHEIM \$440,000.00 BOEHRINGER INGELHEIM \$449,985.00 ABBOTT \$15,000.00 ASTRAZENCA	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt KENT, INTECURE, NATIONAL MEDICAL, INTECURE, NATIONAL KINNEY FOUNDATION, NOVARTIS, OMRON, MERCY, GSY, TRANSOWA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAM'S & WILKINS, \$255,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFT \$4490,985.00 MERCK \$15,000.00 MERCK \$15,000.00 MERCK	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BT KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILHI SANKYO, ATCOR MEDICAL, INTEGURE, WATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOWA MEDICAL, ITAVARA MEDICAL, HOME PFIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINERING, HOMEDICS, UTAVARA MEDICAL, HOME PFIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINERING, HOMEOICS, USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIODYNANICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAM'S & WILKINS, \$259,985.00 CYBERNIUS MEDICAL, HDI, PDL \$55,000.00 NOVARTIS \$30,000.00 NOVARTIS \$50,000.00 NOVARTIS \$55,000.00 NOVARTIS \$55,000.00 NOVARTIS	CORP DUES		\$15,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$115,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH! SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSONA MEDICAL, ITAWAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, TAWARA MEDICAL, KING, HEDICAL, HOMEDICAL, WEDICAL, ITAWAR MEDICAL, HOMEDICAL, TAWARA MEDICAL, HOMEDICAL, ABORITAN, KING, HEMOCUE, MEDICAL, TAWARA MEDICAL, HOMEDICAL, HORORICAL, PHIZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, HORORICAL, HOMEDICAL, HESPERION, BIOMATE CORP., SPACELABS MEDICAL, LPPINCOTT WILLIAMS & WILKINS, \$256,985.00 ONOVARITS \$30,000.00 NOVARITS \$4489,985.00 MERCK				
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$115,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, CVRX, DIASORIN, KING, HEMOCUE, WCMAHON, CARDIDDYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$259,985.00 BOEHRINGER INGELHEIM \$430,000.00 NOVARTIS \$530,000.00 NOVARTIS \$55,000.00 MERCK			Ë	CORPORATE DUI
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTECRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSF, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERRING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS JINTERNATIONAL, HESPERION, BIOMATE CORP, SPACELASS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$269,985.00 CYBERNIUS MEDICAL, HDI, PDL \$440,000.00 SANOFI \$55,000.00 NOVARTIS \$50,000.00 NOVARTIS \$50,000.00 NOVARTIS			00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTECRIUM, SLACK INC, WA BAUM, DAIICH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSY, TRANSOWA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, UPPINCOTT WILLIAM'S & WILKINS, \$256,985.00 NOVARTIS \$30,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFI \$55,000.00 MERCK			\$489,985.00	SUB TOTAL
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BT KENT, INTEGRIUM, SLACK INC, WA BAUM, DAILHI SANKYO, ATCOR MEDICAL, INTEGUER, WATONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOWA MEDICAL, ITAWAR MEDICAL, HOMEDICAL, HOMEDICAL				
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIUNEY FOUNDATION, NOVARTIS, OMRON, MERICA, ASD ENGINEERING, PHIZER, MICROLIFE, BI, NATUNE AMERICA, ASD ENGINEERING, PHIZER, MICROLIFE, BI, NATUNE AMERICA, ASD ENGINEERING, PHIZER, MICROLIFE, BI, NATUNE AMERICA, SAD ENGINEERING, INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$259,985,00 CYBERNIUS MEDICAL, HDI, PDL \$530,000.00 NOVARTIS \$450,000.00 NOVARTIS	SPECIAL SEMINAR AFRICAN AMERICANS	MERCK	\$5,000.00	
TOTAL GRANT AMOUNTI INDUSTRY \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIDOYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELASS MEDICAL, LEPPINCOTT WILLIAMS & WILKINS, \$269,985.00 CYBERNIUS MEDICAL, HDI, PDL \$530,000.00 BOEHRINGER INGELHEIM \$40,000.00 SANOFI	FACULTY ACKNOWLEDGEMENT/RECOGNITION EVENT	NOVARTIS	30.000,29\$	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DATICH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNANICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELASS MEDICAL, UPPINCOTT WILLIAMS & WILKINS, \$259,985.00 CYBERNIUS MEDICAL, HDI, PDL \$530,000.00 BOEHRINGER INGELHEIM	REGISTRATION BAGS	SANOFI	\$40,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILCH ISANKYO, ATCOR MEDICAL, INTEGRE, WATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICA, LITAMAR MEDICAL, HOMEDICAL, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICA, CARDIODYNANICS INTERNATIONAL, HESPERION, MCMAHON, CARDIODYNANICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAM'S & WILKINS, \$269,985.00 CYBERNURS MEDICAL, HDI, PDL \$55,000.00 NOVARITS	LANYARDS	ER INGELHEIM	\$30,000.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILCH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAWAR MEDICAL, BT, NATUNE AMERICA, A&D ENGINEERING, PHIZER, MICROLIFE, BT, NATUNE AMERICA, A&D ENGINEERING, HOMEDICAL, TAWAR MEDICAL, CVRX, DIASORIN, KING, HENOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELABS MEDICAL, LIPPINCOTT WILLIAMS & WILKINS, \$256,985.00 CYBERNUUS MEDICAL, HDI, PDL	PROGRAM BOOK		30.000,29\$	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUN, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PRIZER, MICROLIFE, BI, NATURE AMERICA, ABD ENGINERRING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMATON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP, SPACELASS MEDICAL, LIPPINCOTT WILLLANS & WILKINS, LIPPINCOTT WILLLANS & WILKINS,	EXHIBITS	S MEDICAL, HDI, PDL	\$269,985.00	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAICH SANKYO, ATCOR MEDICAL, INTECURE, WATONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PFIZER, MICROLIFE, BI, NATURE AMERICA, A&D ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MCMAHON, CARDIODYNAMICS INTERNATIONAL, HESPERION, BIOMATE CORP. SPACELABS MEDICAL				
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILCH SANKYO, ATCOR MEDICAL, INTEGERE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BWS, PFIZER, MICROLIFE, BI, NATURE AMERICA, ASD ENGINEERING, HOMEDICS, USA, MICRO MEDICAL, HOMEDICS, USA, MICRO MEDICAL, CVRX, DIASORIN, KING, HEMOCUE, MICRAHON, CARDIODYNANICS INTERNATIONAL HESPERION		BIOMATE CORP, SPACELABS MEDICAL,		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUN, DAIICHI SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KUDIEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAWAR MEDICAL, BMS, PHZER, MICROLIFE, BI, NATURE AMERICA, A&D ENGINEERING, HOMEDICA, USA, MICRO MEDICAL, CVEX, DIASORIN, KING, HENOCUE, MCMAHON, CARRIODYNAMICS		INTERNATIONAL HESPERION,		
TOTAL GRANT AMOUNT INDUSTRY KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTEGLIER, NATIONAL KUDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITANAR MEDICAL, BMS, PHIZER, MICROLIFE, BI, NATURE AMERICA, A&D ENGINEERING, HOMEDICS USA, MICRO MEDICAL, CONY TORGOTHE TIME LEMOCILE		MCMAHON, CARDIODYNAMICS		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAICH! SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PFIZER, MICROLIFE, BI, NATURE AMERICA, ARD ENGINEERING,		DVBY DIASOBIN KING HEMOCHE		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILOH SANKYO, ATCOR MEDICAL, INTECURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS, PETZER, MICROLIFE, BI, NATURE		HOMEOTOS LISA MICEO MEDICAL		
\$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTEGRIUM, NATIONAL KUNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA MEDICAL, ITAMAR MEDICAL, BMS,		PRIZER, MICROLIFE, BI, NATURE		
TOTAL GRANT AMOUNT INDUSTRY S15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAIICHI SANKYO, ATCOR MEDICAL, INTEGURE, NATIONAL KUDNEY FOUNDATION, NOVARTIS, OMRON, MERCK, GSK, TRANSOMA		MEDICAL, ITAMAR MEDICAL, BMS,		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 BI KENT, INTEGRIUM, SLACK INC, WA BAUM, DAICH! SANKYO, ATCOR MEDICAL, INTEGURE, NATIONAL KIDNEY FOUNDATION, NOVARTIS,		OMRON, MERCK, GSK, TRANSOMA		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC, WA BAUW, DAILOH SANKYO, ATCOR MEDICAL, INTEGRE. NATIONAL		KIDNEY FOUNDATION, NOVARTIS,	_	
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt KENT, INTEGRIUM, SLACK INC. WA		MEDICAL, INTECURE, NATIONAL		
TOTAL GRANT AMOUNT INDUSTRY \$15,000.00 Bt		BALLM DATION SANKYO ATOOR		
TOTAL GRANT AMOUNT INDUSTRY	Contract of State of	CENT MITTER THE COLOR THE WAY	410,000.00	
TOTAL GRANT AMOUNT INDUSTRY	SCIENTIES AWARDS	D. T.		ANNUAL SCIENT
NDUSTRY				
NOT PIRANTA	COMMENTS	INDUSTRY	AMOUN	
A LINCE MEETING IN THE PROPERTY OF			TOTAL GRAN	
IVIAL PATEING INCOMMENTATION INVITATION INVI				
I O IAC REPERIOR RECESSED I NOTIFICIANDA I LAVOY				
	1 2007	CEVENUE RECEIVED FROM FRARMA	IOIAC	

TOTAL REVENUE RECEIVED FROM PHARMA FY 2008

			\$4,148,950.40	TOTAL
			\$7,000.00	SUB TOTAL
	CONSTITUTE	COREG	\$7,000,00	
	DONATION	EOBEST	\$7,000,00	
				DONATIONS
			3,256,846.40	SUB TOTAL
	SYMPOSIUM	SMB	\$18,140.00	
	SYMPOSIUM	NICOX- S	\$12,000.00	
	SYMPOSIUM	DAIICHI - SCIUS	\$12,695,84	
	SYMPOSIUM	DAUCHI	99-500.00	
	SYMPOSIUM	FOREST	264 430 00	
	ENDUDING MATERIAL	DATICHT SANKYO	00.000,51	
	ENDIRING MATERIAL	NICOX- WOI TERS	12,000,00	
	ENDURING MATERIAL	GLAXOSMITHKLINE- PROCOM	10,000,00	
	ENDURING MATERIAL	FOREST	\$246,650.00	
	ENDURING MATERIAL	DALICHI SANKYO	\$713,650.00	
	ENDURING MATERIAL	PFIZER	\$500,000.00	
	SYMPOSIUM	NOVARTIS	80.316.91	
	SYMPOSIUM	FOREST-ADVANTAGE	81,565.00	
	SYMPOSIUM	GILEAD	\$65,000.00	
	SCHOOLIN AND ENDIDING WATERIAL	MEDCK	201,000,000	
	STAPOSION	NOVABTIS	29 240 65	
	SYMPOISIUM AND CORP DUES	NICOX	\$80,000.00	
	SYMPOSIUM	GLAXOSMITHKLINE	73,700.00	
				EDUCATIONAL SERVICES:
			\$250,000.00	SUB TOTAL
	NEW CORP MEMBER	TAKEDA	\$50,000.00	
	NEW CORP MEMBER	GILEAD	\$50,000.00	
	CORP DUES	SANKYO	\$15,000.00	
	CORP DUES	PFIZER	\$15,000.00	
	CORP DUES	NOVARTIS	\$15,000.00	
	CORP DUES	MERCK	\$15,000.00	
	CORP DUES	GLAXOSMITHKLINE	\$15,000.00	
	CORP DUES	OREST	\$15,000.00	
	CORP DUES	BRISTOL MYERS SQUIBB	\$15,000.00	
	CORP DUES	BOEHRINGER INGELHEIM	\$15,000.00	
	CORP DUES	ASTRAZENCA	\$15,000.00	
	CORP DUES	ABBOTT	\$15,000.00	
				CORPORATE DUES
			\$635,104.00	SUB TOTAL
TON PROGRAM	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM	NOVARTIS	\$35,000.00	
ION PROGRAM	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM	BLUE CROSS BLUE SHIELD	\$77,604,00	
TON PROGRAM	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM	FOREST	\$50,000,00	
SNS	SPECIAL SEMINAR PRIMARY CARE PHYSICIANS	FOREST	\$35,000.00	
ON EVENT	FACULTY ACKNOWLEDGEMENT/RECOGNITION EVENT	DAIICHI SANKYO	\$60,000.00	
	REGISTRATION BAG SPONSORSHIP	SANOFI-AVENTIS	\$40,000,00	
	PROGRAM BOOK	NOVARTIS	\$65,000.00	
TRACTS	JOURNAL PUBLICATION OF SCIENTIFIC ABSTRACTS	LEJACQ	\$15,000.00	
	HOTEL KEYS & LANYARDS	BOEHRINGER INGELHEIM	\$38,000.00	
	EXHIBITS	FOREST, SCIELE ETC	\$219,500.00	
		NICOX, NOVARTIS, PFIZER I,		
		CVRx. DAIICHLOSK, MERCK,		
		RI RMS SANOFI AVENTIS		ANNUAL SCIENTIFIC MEETING
	COMMENTS	INDUSTRY	AMOUNT	
			TOTAL GRANT	
	2000	E SECENTED LINCOL LUNGSTON	I O I AL KEVENOR	

TING	TOTAL GRANT AMOUNT INDUSTRY BI, BMS, SA DATICHI, GS BOLHRINGE BOLDO BOLHRINGE BOLDO BOLHRINGE	M PHARMA FY 2005 NOFI AVENTIS, CVRx, K, MERCK, NICOX, K,	COMMENTS EXHIBITS EXHIBITS HOTEL KEYS TRAVEL GRANTS PROGRAM BOOK REGISTRATION BAG FACULTY ACKNOWLEDGEMENT/RECOG CORP DUES
EDUCATIONAL SERVICES:	253,510,00 196,941,00 781,390,00 162,109,00 65,000,00		SYMPOSIUM SYMPOSIUM AND REGISTRATION FE SYMPOSIUM
SUB TOTAL	1,432,800.00 24,000.00 22,617.00 316,101.00 16,666.00 161,900.00 10,000.00 321,475.00 4,004,509.00	DAIICHI SANKYO PFIZER-AXIUM GLAXOSMITHKLINE DAIICHI SANKYO GLAXOSMITHKLINE-PHYS ACAD DAIICHI SANKYO DAIICHI SANKYO DAIICHI SANKYO	REGISTRATION FEES ENDURING MATERIAL SYMPOSIUM
DONATIONS	3,250.00	FOREST	DONATION
SUB TOTAL TOTAL	3,250.00 4,504,284.00		
TOTAL	*, JUT-1, EAST-10	.:	
		96 377	

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