

International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

Name/ email Michael Patrick Pignone	
Position/Title Chair, Department of Internal Medicine	
Employer Dell Medical School	Country United States of America
Reporting Status New <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Renewal</span>	Date of Completion (mm/dd/yy) 08/28/2018

For each statement below, check Yes or No to describe your situation in the last 3 years or next 12 months.	Yes	No
I. I have reportable assets or sources of income for myself, my spouse, or my dependent children (research support, grants, scholarships, awards, consulting fees, royalties, patents).	✓	
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		✓
III. I have a reportable outside position(s) for myself.		✓
IV. I have reportable agreements or arrangements for myself.		✓
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.		✓

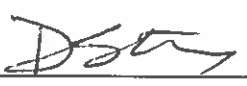
If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
Contract	Medical Editor - Healthwise	2015	1/2018	Helped develop content, including decision aids
				(add rows as needed)

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do / do not [delete as applicable] give my consent for this information to be published on the IPDAS website.

Signature 	Date of Completion (mm/dd/yy) 08/28/2018
---	---

FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Title of IPDAS Reviewer 	Date (mm/dd/yy) Aug 28, 2018
E-mail Address dsteroy@vottome.cc	
Comments of Reviewer Reviewed	

Approved by the IPDAS Steering Committee: August 20