

FACULTY CONSENT AND DISCLOSURE FORM

Please complete and return this form by email to georgia.nicholson@peervoice.com

460

Activity Overview

Activity Number:	505204857-1
Faculty:	Prof. Katja Weisel

Contact Details

Please let us know of your preferred contact details.

Email Address:	k.weisel@uke.de
Phone Number:	+49 40 7410 58787
Mobile Number:	+49 152 228 24414
Admin/Assistant's Name:	Mrs. Wiebke Kobbe
Admin/Assistant's Email Address:	w.kobbe@uke.de
Admin/Assistant's Contact Number:	+49 40 7410 51410
Preferred form of contact (i.e, text, call, email)	e-mail

Faculty Credentials

The following information will be visible on slides and project materials, so please provide it exactly as you would like the information to appear in our final activity.

Name, Degree(s): (max. 3) E.g.: Jonathan Smith, MD, PhD	Katja Weisel, MD
Academic Role: E.g.: Professor of Medicine	Professor Dr. med. 
Academic Affiliation: E.g.: University of Texas	University of Hamburg
City, State/Province, Country: E.g.: Austin, Texas, USA	Hamburg, Germany

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460

Clinical Role: E.g.: Head of Surgery	Deputy Director, Lead attending Physician
Clinical Affiliation: E.g.: Houston General Hospital	University Medical Center Hamburg-Eppendorf II. Medical Clinic and Polyclinic
City, State/Province, Country: E.g.: Houston, Texas, USA	Hamburg, Germany

Email Sender Permissions

For any email educational announcements related to the content of the activity, we would like to use your name as the sender of these emails. Your name will be listed in the return email address with the PeerVoice domain name, so that learners will not be able to respond to you personally. Please indicate in the box below if we do or do not have authorization to use your name in this format.

- I **agree** to allow the use of my name as the sender of these activity announcements
- I **do not** agree to allow the use of my name as the sender of these activity announcements

When sending these announcements, the sender's name has a 20 character limit. If your full name and credentials are longer than this, we may need to shorten it. With this in mind, can you please confirm in the box below, how you would like your name and credentials to appear when used as a sender for these emails.

20 character limit:

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Example: Christopher L. Rogers, MD could be shortened to:
 Dr Chris L. Rogers or Chris L. Rogers, MD

Network and Professional Social Media Postings

Your name and photo will be included on our website, email publicity and network announcements in relation to this activity.

With your permission, we would also like to include your name and photo to reach the target audience and inform them about this activity via network postings (DG ads, docguide etc.) and social media postings (LinkedIn and Twitter).

- I agree to allow the use of my name and photo in these network and professional social media postings

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460

If you agree, and would like us to tag your LinkedIn and/or Twitter handle, please provide it/them below:

If you don't agree, or have concerns, please let us know:

Medical Society Memberships

Are you a member of a medical society or association that may be interested in this activity for their educational purposes? If so, please let us know the name, and if possible, the relevant contact person:

Financial Disclosures and Permissions

It is a goal of PeerVoice to ensure balance, independence, objectivity and scientific rigour on all educational activities we produce. As such, all faculty involved in the development of educational activities must disclose any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the education. The intent of this policy is not to prevent faculty with a potential conflict of interest from contributing to the educational activity. It merely intends to openly identify any potential conflicts so that the participants may form their own judgements about the education with the full disclosure of the facts. It remains for the participants to determine whether the faculty's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

Please list all affiliation(s) with ineligible companies you have/had in the past 24 months (financial or otherwise).

I have no actual or potential conflicts of interest in relation to this educational activity

I have the following affiliation(s):

Affiliation/Financial Interest	Name of Organisation(s)
Consultant for:	Abbvie, Adaptive Biotech, Amgen, BMS/Celene, BeiGene, Janssen, GSK, Karyopharm, Oncocepties, Pfizer, Roche, Sanofi, Takeda
Grant/Research Support from:	Amgen, BMS/Celgene, Janssen, Sanofi

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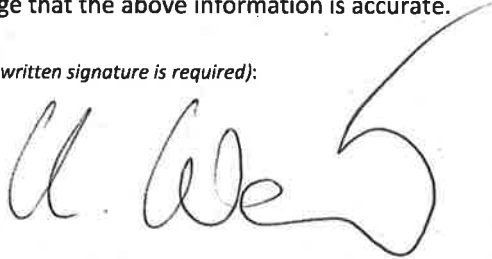
460

Speaker's Bureau participant with:	None
Honoraria/Honorarium from:	Abbvie, Adaptive Biotech, Amgen, AstraZeneca, BMS/Celgene, BeiGene, Janssen, GSK, Karyopharm, Novartis, Oncopeptides, Pfizer, Roche, Sanofi, Stemline, Takeda
Major Stock Shareholder in:	None
Other Financial or Material Support from:	None

I agree to attend a brief (30 minutes or less) conference call approximately 90 days after the program launch, to review top line program outcomes and provide insight into potential future educational needs.

I acknowledge that the above information is accurate.

Signature (A written signature is required):



Date:
March 3rd, 2023