

Clinical Content Review and Validation Form

Instructions to Reviewer: This form must be completed for each presentation of every speaker who the course director has deemed has potential conflicts of interest as they relate to the topic of the presentation. Please review the presentation and answer the questions below:

Speaker's Name:

Review Date:

Activity/Talk Title:

Presentation Date:

Speaker's Industry Relationships (as completed on Faculty Conflict of Interest Disclosure form):
(Please attach speaker's disclosure form)

1. Is this presentation fair and balanced?
 Yes No If No, please comment:
2. Is this presentation free of commercial bias?
 Yes No If No, please comment:
3. Are the diagnostic and/or treatment recommendations included in this presentation evidence-based?
 Yes No If No, please comment:
4. Are the diagnostic and/or treatment recommendations included in this presentation appropriate for the target audience?
 Yes No If No, please comment:
5. Do the diagnostic and/or treatment recommendations included in this presentation contribute to overall improvements in patient care outcomes?
 Yes No If No, please comment:
6. Do scientific studies cited in this presentation conform to standards accepted by the scientific community?
 Yes No If No, please comment:
7. Does the educational content support the learning objectives?
 Yes No If No, please comment:
8. Do any slides or materials need to be deleted from this presentation?
 Yes No If No, please comment:
9. Do any slides or materials need to be deleted from this presentation?
 Yes No If Yes, please specify:
10. Are you aware of any studies, data, or best evidence that is missing from this presentation?
 Yes No If Yes, please specify:

Signature of Activity Director/Planning Committee member with no conflict of interest verifying that:

- (1) the speaker's conflicts of interest have been resolved and
- (2) steps were taken to ensure that the presentation will be scientifically valid and free from commercial or other bias.