Pursuant to the Code of Ethics for the American Academy of Allergy, Asthma and Immunology (AAAAI) and the Standards for Integrity and Independence in Accredited Continuing Education of the Accreditation Council for Continuing Medical Education (ACCME), the AAAAI requires disclosure of financial and organizational relationships from the following types of individuals:

1. Leaders (officers, Board members, journal editors, committee chairs/members, and staff);
2. Faculty for scientific meetings and conferences (planning committee members, moderators, and speakers);
3. Participants (at business/committee meetings or other member forums, including involvement in public discourse at scientific meetings and conferences); and
4. Authors of official AAAAI documents.

AAAAI members will be expected to update their disclosure information by April 30 of each year, to include all relationships that were active during the previous 24 months, or when a substantive change in circumstances occurs that would require a revision in the information disclosed.

Disclosure by Leaders must be made in writing via the Online Disclosure Management System. A completed form must be completed prior to the commencement of a Leader’s term of office. Such disclosure must be updated whenever circumstances require or once per calendar year, whichever is sooner.

Disclosure by Faculty must be made in writing via the Online Disclosure Management System. A completed form must be completed prior to the beginning of the Faculty member’s involvement in planning or, if a speaker or abstract presenter, before his/her presentation at an AAAAI-sponsored educational activity. Such disclosure must be updated whenever circumstances require or once per calendar year, whichever is sooner. Further, faculty must disclose to the AAAAI in advance any support they receive or plan to receive in the formulation and development of their presentation. Such support must be approved in advance by the AAAAI.

Faculty who are also speakers must also disclose verbally and visually at the beginning of each presentation. This should be done by the use of a slide or slides identifying any relationships that were determined to be relevant to the educational activity in question. Speakers are also required to disclose to participants discussion of investigational products or investigational uses of products included in their presentations.

Disclosure by Participants must be made verbally at the time a Participant begins speaking at each business/committee meeting or other member forum they attend. Participants are required to disclose their job title and employer, and any other interest of theirs that would be judged by a majority of their peers to be more than casual and/or likely to impact their ability to exercise independent judgment in addressing the issue being discussed.

Disclosure by Authors must be made in writing via the Online Disclosure Management System. A form must be completed prior to the author beginning work on an official AAAAI document, such as a workgroup report, position statement, or systematic review.
All competing relationships should be disclosed. This information will be reviewed to identify conflicts of interest and to guide the resolution of those conflicts. For Leaders, reviews will be completed by an appropriate AAAAI committee or executive body. For Faculty, reviews will be completed by the Continuing Medical Education/Maintenance of Certification Committee or the Annual Meeting Program Committee, depending on the activity in which the faculty member will potentially be involved. For Authors, reviews will be completed by the Practice Diagnostics and Therapeutics Committee.

Persons whose personal financial gain from Ineligible Companies represents a significant portion of their total income may not be appropriate AAAAI leaders, faculty or authors. In general, a relationship is likely to be deemed inappropriate if it is beyond what a general AAAAI member or the general public would consider proper.

Ineligible Companies

An Ineligible Company is defined by the ACCME as an organization whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. A medical practice is not considered to be an Ineligible Company.

If the individual’s employer fits the definition of an Ineligible Company, or the individual is an owner of an Ineligible Company, the individual should describe the scope of his or her work responsibilities (such as administration of specific programs or the topic of research activities). If the individual’s employer receives remuneration from an ineligible company for the individual’s activities, this relationship should also be disclosed. Failure to knowingly disclose potential conflicts is a violation of the AAAAI’s Code of Ethics and such infringements will be dealt with as detailed in section III.B of the Code of Ethics.

Competing Relationships

Examples of competing relationships include:

1. Financial relationship with an ineligible company (e.g. ownership stake in the company, receipt of salary, income, gifts, or other assets for performing clinical trials, speaking, and consulting/advising)
2. Financial relationship with any organization that provides commercial support to AAAAI-sponsored educational activities
3. Research grants for studies on which the individual disclosing serves as the principal investigator (PI), including those received by the individual’s institution (e.g. grants from NIH, Pharma-sponsored investigator initiated research or other sources of research support).
4. Legal consultation services or expert witness testimony.
5. Organizational affiliations, including both volunteer and paid positions held with organizations other than the AAAAI that may create or be perceived as a conflict of interest.

In all cases, an individual’s disclosure will be reviewed in the context of the activity in which they will potentially be participating. If a conflict of interest is identified, the reviewers will be asked to identify an appropriate mechanism for mitigating the conflict. This could potentially include
asking the individual to alter the relationship which creates the conflict, or removing the individual from involvement in the activity. The results of each review will be communicated to the individual and the organization planning the activity to facilitate the mitigation of the conflict. The individual will be expected to disclose to the appropriate audience any relationships that were found to be, or to present the potential for, conflicts of interest by the reviewer.

Financial information obtained from this disclosure form is confidential and will only be used by the AAAAI for the purpose of determining potential conflicts and biases in their membership. In some situations the AAAAI will make public the names of its leaders, faculty, and authors and their relevant disclosure information (for example, disclosures in the annual meeting program).

The AAAAI will **not** release any financial information in these situations unless required to by law.
AAAII Disclosure Form
Revised January 25, 2021

Name: _________________________________________________
Membership ID Number: ___________________________________
Date Completed: _________________________________________

A. EMPLOYMENT

My employer is: _______________________________________________________________
My job title is: ________________________________________________________________

If this employer is defined as an Ineligible Company (“an organization whose primary business
is producing, marketing, selling, re-selling, or distributing healthcare products used by or on
patients”), please describe your job responsibilities in Section E, Additional Information, below.
Ineligible companies include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

B. COMPETING RELATIONSHIPS:

☐ In the previous 24 months I have had no competing relationships (if this box is
checked please skip to “D”)

In the fields below, provide information for all relationships you have had with ineligible
companies during the previous 24 months. Place a checkmark in the “Ongoing” column if the
relationship is still active at the time of this disclosure.

For Research grants (including NIH or other grants for which you serve as PI and that are
paid to your institution), please list in the appropriate category below.
1. **$0-$4,999**

<table>
<thead>
<tr>
<th>Name of Organization / topic of Testimony or Consultation</th>
<th>Type of Relationship (Dropdown menu *)</th>
<th>Nature of Relationship (list drugs or products that are the focus)</th>
<th>Ongoing? Yes/No</th>
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* Menu in the online form would include: Stock/Owner; Consultant; Advisory Board; Speaker; Royalty; Honorarium/Gift; Research Grant; Other

2. **$5,000 - $25,000**

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<tr>
<th>Name of Organization / topic of Testimony or Consultation</th>
<th>Type of Relationship (Dropdown menu *)</th>
<th>Nature of Relationship (list drugs or products that are the focus)</th>
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* Menu in the online form would include: Stock/Owner; Consultant; Advisory Board; Speaker; Royalty; Honorarium/Gift; Research Grant; Other

3. **>$25,000 but less than $100,000**

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<th>Name of Organization / topic of Testimony or Consultation</th>
<th>Type of Relationship (Dropdown menu *)</th>
<th>Nature of Relationship (list drugs or products that are the focus)</th>
<th>Ongoing? Yes/No</th>
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* Menu in the online form would include: Stock/Owner; Consultant; Advisory Board; Speaker; Royalty; Honorarium/Gift; Research Grant; Other

4. **$100,000 or more**

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<th>Name of Organization / topic of Testimony or Consultation</th>
<th>Type of Relationship (Dropdown menu *)</th>
<th>Nature of Relationship (list drugs or products that are the focus)</th>
<th>Ongoing? Yes/No</th>
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* Menu in the online form would include: Stock/Owner; Consultant; Advisory Board; Speaker; Royalty; Honorarium/Gift; Research Grant; Other
C. ORGANIZATIONAL INTERESTS
I have disclosed below information about volunteer positions I have held during the previous 24 months with organizations other than the AAAAI that may create or be perceived as a conflict of interest. This section is for organizational interests only and is primarily used by the AAAAI to prevent conflicts in committee or leadership positions between the AAAAI and other organizations. Please note, any personal financial gain from these relationships should be disclosed in section B, “Competing Relationships.”

Please place a checkmark in the “Ongoing” column, if this relationship is still in effect at the time of this disclosure.

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<th>Name of Organization</th>
<th>Nature of Relationship</th>
<th>Ongoing? Yes/No</th>
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[ ] I have no such organizational interests to disclose. [ ] I refuse to disclose.

D. ADDITIONAL INFORMATION
Click “Add” to provide more information about the relationships disclosed above, if needed.

[ ] I have no conflicts to resolve. [ ] I refuse to disclose.

I hereby acknowledge that I occupy a position of trust and that I am expected to act at all times in good faith and in accordance with the Code of Ethics of the AAAAI; and to act in such a manner as to avoid even the appearance of using my position to advance, in a way inconsistent with the purposes and interests of the AAAAI, any private interest of mine or of any individual or entity with whom I have a significant relationship.

I certify that the statements I have made above are true, complete, and correct to the best of my knowledge and belief, and agree to report to the AAAAI any interests or relationships which may subsequently develop or dissolve that would alter these statements in any substantive way.

Signature: ___________________________________________ Date: ____________