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*Please read the Abstract Disclosure Policy and answer the questions that follow.*

*Any individual who refuses to disclose financial relationships will be disqualified from presenting.*

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| **Title of CME Activity:** ACG 2022 Annual Scientific Meeting | **Dates:** October 21 – 26, 2022 |
| **Type of Presentation:** Late-Breaking Abstract | **Location:** Charlotte Convention Center, Charlotte, North Carolina |
| *Please print Title, Presenter Name, and Email clearly* |
| **Title of Abstract:** |  |
| **Presenter Name:** |  |
| **Presenter’s Email:** |  |
| **In accordance with ACG and ACCME guidelines, the presenting author may not be an employee of an ACCME-defined ineligible company\*** |

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| \_\_\_\_ Neither I nor my co-authors have any financial relationships\* with an ACCME-defined ineligible company\* (see definition below) within the past 24 months.\_\_\_\_ I and/or my co-authors have a financial relationship\* with an ACCME-defined ineligible company\* (see definition below) within the past 24 months. **(You must provide the information in the box below FOR ALL AUTHORS.)** |

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| For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.You must (1) list the ineligible company(s)\* and (2) describe the nature of the financial relationship(s)\* for **EACH** author. Indicate “nothing to disclose” for authors with no financial relationships\*. [Relationships: Advisor or Review Panel Member; Advisory Committee/Board Member; Consultant; Employee; Grant/Research Support; Independent Contractor; Intellectual Property/Patents; Owner/Ownership Interest; Royalties; Speakers Bureau; Stock Options; Stock-privately held company; Stock-publicly held company (excluding mutual/index funds); Other (please describe)].**Example:** **Dr. Smith – Consultant, Company A; Speakers Bureau, Company B****Dr. Jones - nothing to disclose** |
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| **II. DISCLOSURE OF RELATIONSHIPS IN INDUSTRY-SUPPORTED RESEARCH SUBMITTED FOR ABSTRACT CONSIDERATION** |

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| **Initiated Research** |
| 1) Who initiated the research? |
| \_\_\_ Industry\_\_\_ Investigator |

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| **Investigator Contribution**  |
| 5) Did the investigator contribute patients to the study? |
| \_\_\_Yes\_\_\_ No |

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| **FDA Approval** |
| 2) Reason for the research: was it for FDA approval or FDA treatment indication? |
| \_\_\_Yes\_\_\_ No |

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| **Abstract Author** |
| 6) Who wrote the abstract? |
| \_\_\_Industry\_\_\_ Investigator\_\_\_ Other commercial entity |

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| **Study Results** |
| 7A) Are these the main results of the study? |
| \_\_\_ Yes\_\_\_ No |

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| **Designed Study** |
| 3) Who designed the study? |
| \_\_\_ Industry\_\_\_Investigator |

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| **Secondary Analyses** |
| 7B) If no, are these the results of secondary analyses? |
| \_\_\_Yes\_\_\_ Not Applicable\_\_\_No |

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|  **Performed Analyses** |
| 4) Who performed the analyses? |
| \_\_\_ Industry\_\_\_ Other commercial entity\_\_\_Investigator |

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| **Supported by Industry Grant** |
| 8) Was this research supported by an industry grant? |
| \_\_\_No  \_\_\_Yes | If yes, please specify which company/companies the grant is from. |

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| **Agreement** |
| **I certify that this information is complete and I accept responsibility for the accuracy of the information in response to the aforementioned questions.****Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ By checking this box you are signing on behalf of all authors. |

**Return all 3 pages via email no later than Thursday, September 1, 2022 to:** **abstracts@gi.org**