

Please complete and return this page

AACAP DISCLOSURE OF AFFILIATIONS FORM
Review of Potential Conflict of Interests for

AACAP ADHD Parents Medication Guide Update Work Group

Procedures for Disclosures: Disclosures should be acknowledged to all participating in the ADHD Parents Medication Guide Update Work Group meeting or activity assigned. This can be done by:

- Collecting disclosures of all participants prior to the event and including them in the prepared materials.
- Each participant completing the form and verbally announcing potential conflicts at the beginning of the meeting/activity.

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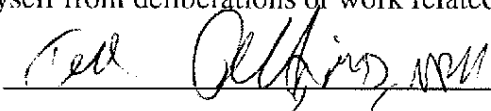
- 1) I do do not have leadership roles in other agencies, professional organizations, or corporations. (Please list all leadership roles and the name of the organization) New Jersey Psychiatric Association Member of Council, Counselor and Central Chapter Representative and Treasurer; Candidate for NJPA Treasurer
- 2) I do do not have material financial interests which may conflict with my role in the AACAP.

PLEASE WRITE NAME OF THE COMPANY, ASSOCIATION, AND CHECK APPROPRIATE BOX

Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)

- 3) My immediate family members do do not have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

Based on the above, I do not see a conflict of interest for my work on behalf of the AACAP. In the event of a real or perceived conflict of interest, I will disclose it and, if appropriate, I will remove myself from deliberations or work related to the conflict of interest.

Signature:  Date: 3/20/12

Print name (*clearly*): Theodore A. Petti, MD, MPH

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- 2) I do x do not have material financial interests which may conflict with my role in the AACAP.

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Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)
REACH Institute		xx				
APPI				xx		

- 3) My immediate family members do do not x have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

Based on the above, I do not see a conflict of interest for my work on behalf of the AACAP. In the event of a real or perceived conflict of interest, I will disclose it and, if appropriate, I will remove myself from deliberations or work related to the conflict of interest.

Signature: Cathryn Galanter MD Date: 03/12/12

Print name (*clearly*): Cathryn Galanter, MD

Please complete and return this page

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- 2) I do X do not ___ have material financial interests which may conflict with my role in the AACAP.

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Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)
Shire	yes	no	no	no	no	no
BioDx	no	no	no	no	yes	Sc Ad board

- 3) My immediate family members do ___ do not X have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

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Signature: _____ Laurence L. Greenhill _____ Date: 7/24/12

Print name (*clearly*): _____ Laurence Greenhill _____

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Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)
* Shire						Unrestricted grant to support NAMI.

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Signature: D Gruttadaro Date: 3/22/12

Print name (clearly): Darcy Gruttadaro - NAMI.

* Not sure if this qualifies, however am including it.

Please complete and return this page

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CHADD						CEO

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Signature: _____ Date: 3/15/12

Print name (*clearly*): Ruth A Hughes, PhD

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Signature: _____ Date: 3-3-12

Print name (*clearly*): Boris Lorberg, MD

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BMS			<input checked="" type="checkbox"/>			
Shionogi			<input checked="" type="checkbox"/>			
Synovian			<input checked="" type="checkbox"/>			

- 3) My immediate family members do ___ do not have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):
- Lilly } speaker
Novartis } owner

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Signature:  Date: 3-12-2012

Print name (clearly): Alicia Man

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OrthoMcNeil Janssen	X					
Shire	X	X				

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Signature: Steven R. Pliszka MD. Date: 3/2/2012

Print name (*clearly*): Steven R. Pliszka MD

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- 1) I do ___ do not x have leadership roles in other agencies, professional organizations, or corporations. (Please list all leadership roles and the name of the organization) CHAD professional advisory board meeting ended in December 2011.
- 2) I do x do not ___ have material financial interests which may conflict with my role in the AACAP.


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Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)
Eli Lilly		Yes	Yes		Yes to speaker meetings	IRA stock <\$5000
Bristol Myers Squibb	Yes		Yes		Yes to speaker meetings	
Pfizer						IRA stock <\$5000
Otsuka	Yes					Yes Data Safety Monitoring Board
Glaxo Smith Kline	Yes					IRA stock <\$5000
Epocrates				Royalties for column ended May 2011		
Johnson and Johnson	Yes					IRA stock <\$5000

including Janssen						
Lundbeck	Yes	Yes on protocol development for EMEA trials			Yes to trial start up meeting	
Forest	Yes					
Supernus	Yes					
Merck/Scherring Plough	Yes				Yes to trial start up meeting	
AACAP					Yes to annual meeting for Institute	Fee as chair of Institute
AAP					Yes to annual meeting for psychopharm. presentation	
American Epilepsy Society						Member Board of Directors

3) My immediate family members do x do not ___ have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization)

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Signature:  Date: 3/20/12

Print name (clearly): Adelina Robb

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See attached						

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Signature:  Date: 31 July 2012

Print name (clearly): ELIAS SARKIS, MD

Industry Financial Disclosure

Current Industry Research Funding: AstraZeneca, Eli Lilly, Wyeth, Bristol-Meyers Squibb, Boehringer-Ingelheim, Glaxosmithkine, Merck, Johnson and Johnson, Pfizer, Novartis, Noven, MedImmune, PGxHealth, Sepracor, Shire, Somerset, Supernus, Takeda, Forest, McNeil, Pharmacia, Repligen, Ortho-McNeil, Cephalon, GSK, Organon, Jansen, Targacept, Shire

Current Speaker's Bureaus: Eli Lilly, Forest, Shionogi, Noven


Current Consulting Relationships: Eli Lilly

Organizations Served in a Governing or Leadership Capacity:

Florida Psychiatric Society

North Central Florida Chapter of the American Academy of Child and Adolescent Psychiatry.

FPS Delegate to the American Medical Association

Signature  Date: 31 July 2012

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Signature:  Date: 3/15/2012

Print name (*clearly*): JOHN T. WALKUP, M.D

	Consultant	Advisory Board	Speaker's Bureau	Honorarium or Expenses Paid to Attend Meeting	Research Contract	Royalties
				X		
Shire	X					
Pfizer					X Drug and PBO	
Abbott					X Drug	
Lilly					X Drug and PBO	
Tourette Syndrome Assoc.		X	X		X	
Oxford Press Guilford Press						X

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Signature:  Date: 3/12/12

Print name (clearly): TIMOTHY E. WILENS MD



MASSACHUSETTS
GENERAL HOSPITAL

HARVARD
MEDICAL SCHOOL 

Pediatric and Adult Psychopharmacology Units
Yawkey Center for Outpatient Care
55 Fruit Street, YAW 6900
Boston, MA 02114
Tel: 617-726-1731
Email: twilens@partners.org

Timothy E. Wilens, M.D.
Associate Professor of Psychiatry
Harvard Medical School

Conflict of Interest Statement

Dr. Timothy Wilens receives or has received grant support from the following sources: Abbott, McNeil, Lilly, NIH(NIDA), Merck, and Shire.

Dr. Timothy Wilens has been a speaker for the following: Lilly, McNeil, Novartis, and Shire.

Dr. Timothy Wilens is or has been a consultant for: Abbott, Astra-Zeneca, Euthymics, McNeil, Lilly, NIH, Novartis, Merck, Shire.

Dr. Timothy Wilens has a published book with Guilford Press. *Straight Talk About Psychiatric Medications for Kids*

Dr. Timothy Wilens is the Director for the Center for Addiction Medicine at Massachusetts General Hospital.

7, 4, 6

Please complete and return this page

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- 1) I do **X** do not ____ have leadership roles in other agencies, professional organizations, or corporations. (Please list all leadership roles and the name of the organization)
-Chairperson of AAP Subcommittee that Revised the ADHD Guidelines.
-Northwestern University/AMA Physician Consortium for Performance Improvement co-chair of the ADHD Expert Work Group
- 2) I do **X** do not ____ have material financial interests which may conflict with my role in the AACAP.

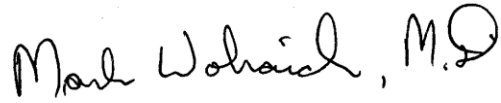
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Shire		X				
Lilly		X				
Shinogi		X				
Nextwave		X				

I have not provided any consultations in the past year.

- 3) My immediate family members do ____ do not **X** have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

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Signature: _____ Date: 3-2-2012

Print name (*clearly*): Mark Wolraich, M.D. _____

tel. 202-966-7300
ext 1:7
get fax w/ fax

Shannon Miller

Please complete and return this page

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Signature: Julie M Zito Date: 3/21/12

Print name (clearly): JULIE M. ZITO

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Signature: Eve M. Bender Date: 7-24-2012

Print name (clearly): Eve M. Bender

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Review of Potential Conflict of Interests for

AACAP ADHD Parents Medication Guide Update Work Group

Procedures for Disclosures: Disclosures should be acknowledged to all participating in the ADHD Parents Medication Guide Update Work Group meeting or activity assigned. This can be done by:

- Collecting disclosures of all participants prior to the event and including them in the prepared materials.
- Each participant completing the form and verbally announcing potential conflicts at the beginning of the meeting/activity.

All dated and signed disclosure forms should be given to the chair of the ADHD Parents Medication Guide Update Work Group and to staff at the national office. All disclosures will be destroyed after one year.

- 1) I do ___ do not have leadership roles in other agencies, professional organizations, or corporations. (Please list all leadership roles and the name of the organization)
- 2) I do ___ do not have material financial interests which may conflict with my role in the AACAP.

PLEASE WRITE NAME OF THE COMPANY, ASSOCIATION, AND CHECK APPROPRIATE BOX

Company/ Association	Research Funding	Advisor/ Consultant	Speakers Bureau	Books, Intellectual property	In-kind Services (example: travel)	Other (specify)

- 3) My immediate family members do ___ do not have leadership roles or material financial interests in other agencies, organizations, or corporations which may conflict with my role in the AACAP. (Please list all material financial interests, including the type of relationship and the name of the organization):

Based on the above, I do not see a conflict of interest for my work on behalf of the AACAP. In the event of a real or perceived conflict of interest, I will disclose it and, if appropriate, I will remove myself from deliberations or work related to the conflict of interest.

Signature:  Date: 3/20/12

Print name (clearly): Yoshie Davidson

Please complete and return this page

AACAP DISCLOSURE OF AFFILIATIONS FORM
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Signature: Cecilia Johnson Date: 7/27/2012

Print name (clearly): Cecilia Johnson

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Signature: Shannon Miller Date: 7/27/2012

Print name (clearly): Shannon Miller