



The University of Texas
Health Science Center at San Antonio
Mail Code 7980
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

Continuing Medical Education

TEL: (210) 567-6078 FAX: (210) 567-6964
<http://cme.uthscsa.edu>

EDUCATIONAL GRANT - LETTER OF AGREEMENT

(This form must be typed or printed legibly)

Regarding Terms, Conditions, and Purposes of an Educational Grant Between The University of Texas Health Science Center at San Antonio, Office of Continuing Medical Education (CME provider) and (Company/Commercial Supporter Name) _____

Title of CME Activity: **31st Annual San Antonio Breast Cancer Symposium**
Location: **Henry B. Gonzalez Convention Center, San Antonio, Texas**
Dates: **December 10-14, 2008**

Commercial Supporter / Company Name (Branch): _____

Contact Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____ Email: _____

The above company wishes to provide support for the above listed continuing medical education activity by providing an educational grant in the amount of _____

Make check payable to: UTHSCSA-CME #106974 (Tax ID 74-1586031)

CONDITIONS

- Statement of Purpose:** program is for specific and educational purposes only and will not promote the company's products, directly or indirectly.
- Control of Content and Selection of Presenters and Moderators:** CME provider is responsible for control of content and selection of organizers, presenters and moderators. Company/Commercial Supporter, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company/commercial supporter, and will provide this information in writing. CME provider will document role of company/commercial supporter, or its agents, in suggesting presenter(s); seek suggestions from other sources, and make selection of presenter(s)/moderator(s) based on balance and independence.
- Disclosures of Financial Relationships:** CME provider will ensure disclosure to the audience of (a) commercial support and (b) any significant relationship between the CME provider and the company/commercial supporter (e.g. grant recipient) or between individual organizers, speakers or moderators and the company/commercial supporter.
- Involvement in Content:** CME provider will ensure that there is no "scripting", emphasis, or influence on content by the company/commercial supporter or its agents.
- Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or in the space immediately before educational activity. Advertisement and promotional materials cannot be displayed or distributed in the educational space.

- 6. **Objectivity & Balance:** CME provider will make every effort to ensure that the data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
- 7. **Limitations of Data:** CME provider will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
- 8. **Discussion of Unapproved Uses:** CME provider will require that presenters disclose when a product is not approved in the United States for the use under discussion.
- 9. **Opportunities for Debate:** CME provider will ensure opportunities for questioning or scientific debate.
- 10. **Independence of CME Provider in the Use of Commercial Support:**
 - a. funds should be in the form of an educational grant made payable to: **UTHSCSA-CME #106974 (Tax ID 74-1586031)**, whom UTHSCSA CME designates to manage finances for this educational activity
 - b. all other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with full knowledge and approval of The University of Texas Health Science Center at San Antonio Continuing Medical Education Office (CME provider)
 - c. no other funds from the commercial company (honoraria, extra social events, reimbursement of out of pocket expenses, etc.) will be paid to the program director, planning committee members, faculty, authors or others involved with the CME activity.
 - d. Any remaining funds at the conclusion of the CME activity (activity proceeds) will be used for educational or research purposes.

The Company/Commercial Supporter agrees to abide by the 2004 ACCME Standards for Commercial Support of Continuing Medical Education (attached).

The CME Provider agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the commercial supporter a report concerning the expenditure of funds provided.

AGREED

Commercial Company Authorized Representative

Name and Title (print): _____

Signature _____ Date _____

University of Texas Health Science Center at San Antonio

Brenda Johnson, MEd, Director, Continuing Medical Education

Signature _____ Date _____

Course Director: Charles A. Coltman, Jr., MD, Department of Medicine

Signature _____ Date _____

MAIL - DO NOT FAX - THIS ORIGINAL FORM by September 1, 2008

TO: Rich Markow

UT Health Science Center
Continuing Medical Education
7703 Floyd Curl Drive, Mail Code 8224
San Antonio, TX 78229 USA