Perinatal Quality Foundation
Disclosure Form: Conflict of Interest

☐ I do not have any financial relationships with any commercial interests
that will influence my research with the Perinatal Quality Foundation.

☐ I will disclose any conflict of interest that may arise during my research
Perinatal Quality Foundation Board of Directors and will recuse myself from
any final decisions where a potential bias could exist.

- List the names of proprietary entities producing health care goods or services with which you or your
  spouse/partner have, or have had, a financial relationship within the past 12 months. You do not need to list
  non-profit or government organizations and non-health care related companies. For this purpose the financial
  relationships of your spouse or partner or immediate household that you are aware of are considered to be
  yours.

- Explain what you or your spouse/partner received (ex: salary, honorarium etc) and specify your role.

<table>
<thead>
<tr>
<th>Commercial Interest</th>
<th>Nature of Relevant Financial Relationship</th>
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<tbody>
<tr>
<td></td>
<td>What I or spouse/partner received</td>
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<td></td>
<td>My role</td>
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<td>Example: Company 'X'</td>
<td>Honorarium</td>
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<td>Speaker</td>
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**What was received:** Salary, royalty, intellectual property
ers, consulting fee, honoraria, ownership interest, (e.g., stocks,
stock options or other ownership interest, excluding diversified mutual
funds), or other financial benefit.

**My Role(s):** Employment, management position, independent contractor
(including contracted research), consulting, speaking and teaching,
membership on advisory committees or review panels, board membership,
and other activities.

I affirm that I have listed above all of my material business,
financial, and commercial interests and affiliations that are or
that may be construed to be reasonably related to the interests,
activities, and programs of the Perinatal Quality Foundation.

Signature:             Date: