FDA Public Workshop
Training for Opioid Analgesic Prescribers – Exploring the Path Forward
May 9 and 10, 2017
Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant  Fred Wells Brason II

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<th>Company</th>
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<td>Purdue Pharma</td>
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Signature  

Fred Wells Brason II

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Name of Meeting Participant__Chester Buckenmaier III. MD___________________________

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No Conflicts

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Name of Meeting Participant: Anne L. Burns

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Name of Meeting Participant ___ Teresa Carr __________________________

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Name of Meeting Participant___ Myra J. Christopher____________________________

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I have no personal conflicts of interest to disclose. I do currently hold a chair that was initiated by a grant from Purdue Pharma.

The Center for Practical Bioethics is a nonprofit, free-standing and independent organization nationally recognized for its work in practical bioethics. Its work is supported by individual and organizational members, income from consultation work and contracts in communities across the country, and by grants from a number of local and national foundations and corporations. Grants and contributions come from a wide variety of donors, including pharmaceutical companies.
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Name of Meeting Participant _Penney Cowan ______________________________

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I have nothing to disclose

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Signature_______________________

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Name of Meeting Participant: Patricia A. Harris, MD, MA

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Signature: Patricia A. Harris

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Name of Meeting Participant___Carol Havens MD______________________

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Signature____Carol Havens MD, (electronic signature)________________

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Name of Meeting Participant ___ Maria Lowe ______________________________

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I am an employee of and have stock options in PatientsLikeMe

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Signature _ Maria M Lowe ______________________________

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Name of Meeting Participant: Paul A. Moran

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Name of Meeting Participant Lisa Robin

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Signature Lisa Robin

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Name of Meeting Participant ____Greg Terman MD PhD_______________________________

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Name of Meeting Participant __ Robert Twillman, Ph.D. __________________________

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My personal conflicts are the following:

__________________________________________________________
Janssen Pharmaceuticals—consultant and speaker for non-branded educational program in 2014

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Adapt Pharmaceuticals—consultant and speaker in 2015

__________________________________________________________
Millennium Health—consultant in 2016 and 2017

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