

FDA-NIH Dystrophin Methodology Workshop

March 20, 2015

Silver Spring, Maryland

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 Dystrophin Methodology Scientific Workshop.

Name of Meeting Participant _____ Glenn Morris _____

Please list any financial arrangement or affiliation or other beneficial interest in the past three years with any products or firms relevant to the discussions on the development of assays or therapeutics that involve dystrophin. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants or contacts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

Money from the sale of antibodies by commercial companies is paid into a local research charity. I receive no personal benefits of any kind.

Signature_____

GET Home

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by February 18. Speakers, we request that you include this information as the second slide of your presentations.