

Anthony P. Albanese, MD, DFASAM – Submission Date – 3/30/2020

1) List any business or any organization that you or an immediate family member have an interest in that has provided goods or services to ASAM within the last 3 years, or that you expect to provide within the next 1 year, describe the relationship and the level of interest.

Have you any interest to disclose? Yes
For whom are you disclosing? Self
Name the Business/Organization for which you are disclosing. Gilead Sciences
Level of Interest Significant
Refer to definitions above

Please describe the Interest speaker/ Ad board participant

For whom are you disclosing? Self
Name the Business/Organization for which you are disclosing. AbbVie
Pharmaceuticals
Level of Interest Significant
Refer to definitions above

Please describe the Interest speaker/ Ad Board participant

For whom are you disclosing?
Name the Business/Organization for which you are disclosing
Level of Interest
Refer to definitions above

Please describe the Interest
Please list any additional business or any organization that you or an immediate family member have an interest in that has provided goods or services to ASAM within the last 3 years, or that you expect to provide within the next 1 year, describe the relationship and level of interest in the text box below:

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2) List any business or organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest.

<p>Have you any interest to disclose? For whom are you disclosing? Name the Business/Organization for which you are disclosing. Level of Interest <i>Refer to definitions above</i></p> <p>Please describe the Interest -----</p> <p>For whom are you disclosing? Name the Business/Organization for which you are disclosing. Level of Interest <i>Refer to definitions above</i></p> <p>Please describe the Interest -----</p> <p>For whom are you disclosing? Name the Business/Organization for which you are disclosing Level of interest <i>Refer to definitions above</i></p> <p>Please describe the Interest Please list any additional business or organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest in the text box below: ----</p>	<p>No</p>
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3) List organizations and your role for which you serve as an officer, trustee or director of, or are involved in public representation and advocacy (including lobbying) on behalf of any organization other than ASAM or an ASAM Chapter.

<p>Name of Organization</p>	<p>Agape Family Ministries</p>	<p>Role</p>	<p>member, Board of Directors</p>
<p>Name of Organization</p>		<p>Role</p>	
<p>Name of Organization</p>		<p>Role</p>	

Please list any additional organizations and your role for which you serve as an officer, trustee or director of, or are involved in public representation and advocacy (including lobbying) on behalf of any organization other than ASAM or an ASAM Chapter in the text box below:

4) Please indicate below if you or an immediate family member have any interest(s) that derives from service/status as an officer, trustee, director, proprietor, partner, (full or part-time) employee, grant recipient, or consultant for any health care or health-related business or organization.

For whom are you disclosing?
Indicate Position

Self
Employee (Full or
Part-time)
Veterans Health
Administration

Name of Organization:

For whom are you disclosing?
Indicate Position

none

Name of Organization:

Please list any additional information if you or an immediate family member have any interest(s) that derives from service/status as an officer, trustee, director, proprietor, partner, (full or part-time) employee, grant recipient, or consultant for any health care or health-related business or organization in the text box below:

5) Please list below any interests, affiliations, arrangements or relationships that you or your immediate family members have that could lead to questions about your motives in connection with your work on behalf of ASAM if such interest were made public.

For whom are you disclosing?
Provide details

For whom are you disclosing?
Provide Details

Please list any additional interests, affiliations, arrangements or relationships that you or your immediate family members have that could lead to questions about your motives in connection with your work on behalf of ASAM if such interest were made public in the text box below:

6) List all sources of your professional income (e.g., private practice; consultation; employment by a clinic, HMO, hospital, medical school, etc.). For each source, list the entity, briefly describe the work you do and the percentage of your income.

Select Sources (hold CTRL key to multi-select)

If "Other" is selected, indicate the sources on next question

Other

For each source, list the entity, briefly describe the work you do and the percentage of your income.

Veterans Health Administration- employee- Affiliations Officer for the VA Office of Academic Affiliations, Chief of Hepatology , VA Northern California Healthcare System - 83% income

Please list any additional sources of your professional income (e.g., private practice; consultation; employment by a clinic, HMO, hospital, medical school, etc.). For each source, list the entity, briefly describe the work you do and the percentage of income in the text box below:

Gilead Sciences- Speaker/ Ad board member for HCV medications - 13% income
AbbVie Pharmaceuticals- Speaker/ Ad board member for HCV medications - 4% income

7) Please indicate below any relationships within the last 12 months that could be relevant to the topics or issues addressed in or implicated by ASAM's policy statements.

**Provide details of such relationship
Who are you disclosing for?**

none

8) Indicate financial relationship(s) you or your spouse have with a commercial interest [review definition above] within the past 12 months.

For whom are you disclosing?

Self

Level of Interest

Significant

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

Gilead Sciences- Speaker/ Ad board member for HCV medications - honoraria

For whom are you disclosing?

Self

Level of Interest

Refer to definitions above

Significant

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

AbbVie Pharmaceuticals-Speaker/ Ad board member for HCV medications - honoraria

For whom are you disclosing?

Level of Interest

Refer to definitions above

none

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

Please list any additional financial relationship(s) you or your spouse have with a commercial interest [review definition above] within in the past 12 months in the text below:

9) Please indicate below any a) civil judgments (excluding medical malpractice), b) licensure revocations or suspensions, c) arrests, indictments, or convictions for any criminal offenses, or d) disciplinary actions by any medical board or medical society currently pending against you or on record within the past ten years.

Indicate Pending Actions

none

10) Please describe any other information you believe is important to disclose.

Provide details

Statement of Compliance

I have reviewed, and agree to comply with, ASAM's Universal Disclosure Policy and Procedures. I have identified all interests and affiliations about which information has been requested. I certify that the answers that I have provided to these questions are truthful and I agree to update this statement within 30 days to reflect any changes.

I understand that I am required to disclose any potential conflict of interest to ASAM before engaging in any ASAM related activities. Any perceived conflicts not addressed by self-disclosure or recusal will be managed by ASAM. If requested, the Ethics Committee will assist in evaluating potential conflicts of interest.

I attest that all the answers above are correct