



DUR / Pharmacy & Therapeutics Committee
Public Comment/Testimony Declaration

The purpose of this form is disclosure declaration. Having an interest or affiliation with a corporate organization does not necessarily preclude a speaker from giving comment, but the relationship must be made known to the audience.

Instructions: Please read all information. Questions marked with an asterisk (*) are required fields. All required sections must be filled out prior to providing public comment.

Form with sections: SPEAKER INFORMATION, *Name, *Date, *Organization, *Topic/Drug, Email Address, Phone Number, *Are you an employee of a pharmaceutical manufacturer?, *Are you an advocate or advocacy organization..., *Have you been asked to provide testimony..., *If yes, please identify the organization..., *If you are a researcher or clinician..., *Are you involved in or have you been involved in any research..., *If yes, please describe the type of compensation: Is there any other information about yourself...

Signature: _____ Date: _____