



## FINANCIAL RELATIONSHIP DISCLOSURE FORM

As a jointly accredited provider by the ACCME, ANCC, and ACPE, i3 Health has been selected as the official accrediting company by the 11<sup>th</sup> World Glaucoma Congress Organizers.

i3 Health must ensure balance, independence, objectivity and scientific rigor in all its directly or jointly provided educational activities. Any person who is in a position to influence or control the content of an accredited activity is required to disclose all financial relationships with ineligible companies<sup>1</sup> occurring within the past 24 months. Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the activity.

Faculty Name:

FERNANDO TRANCOSO VAZ

Faculty Affiliation:

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Faculty Email:

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Roles: Planning Committee Member; Activity Director; Presenter/Speaker; Nurse Planner; Author; Content Expert; Reviewer; Other (specify role)

### DISCLOSURE

☒ No, I have no financial relationships with ineligible companies to disclose.

☐ Yes, I have a personal financial relationship with an ineligible company:

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Advisory Board or Panel

Speaker's Bureau

Consultant

Grants/Research Support<sup>2</sup>

Other Financial or Material Support (royalties, patents, etc.)

Other Conflict with the Presentation Material

Salary/Contractual Services

Stock/Shareholder (excluding diversified mutual funds)

<sup>1</sup> The ACCME defines an "ineligible company" as any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies - unless the provider of clinical service is owned, or controlled by, an ACCME-defined ineligible company. For more information, visit [www.accme.org](http://www.accme.org).

<sup>2</sup> Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

#### SPEAKER/PLANNER DECLARATION

I attest to the following:

1. Relationships/affiliations will not bias or otherwise influence my involvement in the accredited educational activity;
2. Practice recommendations that are relevant to the companies with whom I have relationships/affiliations will be supported by the best available evidence or absent evidence will be consistent with generally accepted medical practice;
3. All reasonable clinical alternatives will be discussed when making practice recommendations.

I agree to:

1. Submit my presentation to the CME office no later than three weeks in advance of the program to allow for appropriate peer review and duplication in the course syllabus.
2. Avoid the use of trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available companies should be included, not just trade names from a single company.
3. If requested, provide appropriate peer-reviewed journal references which support clinical or practice recommendations.
4. Disclose to the program audience when products/services are not labeled for the use under discussion or when the products are still under investigation.
5. Comply with patient confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA)
6. Ensure that use and reproduction of the materials or information used in my presentation will not violate any third party's copyrights or other property rights. To the extent that copyrighted or trade secret materials are used, reproduced, or displayed within my presentation, I have obtained written permission to use, reproduce, and distribute such

<sup>12</sup>Revised 03.29.23

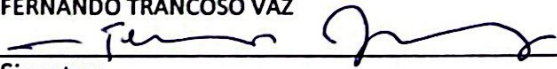
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materials from the copyright owner. (Please note that the author of an article is not necessarily the copyright holder of the article.)

7. Allow my handout materials/slide set to be distributed electronically to program participants. Distribution may include email, CD, flash drive, and/or download from a website or mobile app.

FERNANDO TRANCOSO VAZ

  
Signature

21TH OF JUNE 2025

Date

Return Form to: **World Glaucoma Congress 2025**  
**Congress Organizers**  
Email: [wgc@mci-group.com](mailto:wgc@mci-group.com)

i3 Health Reviewer Signature

Date