American Society for Reproductive Medicine

Disclosure of Relationships with ACCME-defined Commercial Interests

ASRM recognizes that directors, officers and committee members may have diverse professional and financial interests that could lead to actual, perceived, or apparent conflicts or dualities of interest. ASRM as a 501 (c)(3) organization is subject to IRS, state laws, and other regulations requiring a high degree of disclosure and transparency; and as a result, maintains a Conflict of Interest Policy and Procedure to which I am subject.

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1. **Interest in commercial organizations** (check and complete applicable section A, B, or C)

   B. I or my spouse/partner **has had** during the preceding 12 months any commercial interest, financial interest and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

   **Organization:** DOT lab  
   **Relationship:** Yale has licenced IP that I discovered to this company

   **Organization:** AbbVie  
   **Relationship:** grant support

2. **Participation in other medical societies/organizations** (check and complete applicable section A, B, or C)

   B. I **do participate** currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

   **Organization:** SEUD  
   **Relationship:** board of directors- unpaid

   **Organization:** Environment and Human Health  
   **Relationship:** board of directors- non-profit, unpaid

3. **Participation in commercial interests** (check and complete applicable section(s))

   A. I or my spouse/partner **has not had** during the preceding 12 months a significant financial interest in, or arrangement or affiliation with one or more commercial organizations that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
4. Attestation by Officers and members of ASRM Committees and Editorial Boards

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Customer Name & Credentials: Dr. Hugh S Taylor M.D.  
Employer: Yale University  
Mailing Address: Dept Ob/Gyn Rm LS0G302  
Email Address: hugh.taylor@yale.edu

Date: 12/22/2020
American Society for Reproductive Medicine
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     **Organization:** American Gynecological and Obstetrical Society  **Relationship:** Treasurer

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Customer Name & Credentials : Dr. Marcelle I Cedars M.D.  
Employer: Dr. Marcelle I Cedars M.D.  
Mailing Address: University of California San Francisco Center for Reproductive Health Obstetrics, Gynecology and Reproductive Sciences  
Email Address: Marcelle.cedars@ucsf.edu  

Date: 02/06/2021
American Society for Reproductive Medicine
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   Organization: ABOG  Relationship: REI Division member and Board Member

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Customer Name & Credentials: Mr. Michael A Thomas M.D.  
Date: 01/14/2021

Employer:

Mailing Address:  Mr. Michael A Thomas M.D.  
University of Cincinnati  
Obstetrics and Gynecology

Email Address: thomasma@ucmail.uc.edu
American Society for Reproductive Medicine

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Customer Name & Credentials : Dr. Catherine Racowsky Ph.D.  
Date : 06/05/2020

Employer:

Mailing Address:  
Dr. Catherine Racowsky Ph.D.  
15 Bis Lieu Dit Berbillot  
St Ciers DE Canesse 33710 France

Email Address: cracowsky@bwh.harvard.edu
American Society for Reproductive Medicine
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      Organization: Roman Health  Relationship: Medical Advisory Board

      Organization: Gilead  Relationship: Consultant

      Organization: Ferring  Relationship: Paid Speaker at an International Congress

2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

   B. I do participate currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

      Organization: RESOLVE  Relationship: Physician’s Council

      Organization: AUA  Relationship: Male infertility guideline panel

      Organization: Weill Cornell Medicine  Relationship: Chair, Role in Dean's Office
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---

**Customer Name & Credentials:** Dr. Peter N Schlegel M.D.  
**Date:** 09/19/2020

**Employer:**

**Mailing Address:**  
Dr. Peter N Schlegel M.D.  
Professor & Chairman of Urology  
Weill Cornell Medical College

**Email Address:** pnschleg@med.cornell.edu
American Society for Reproductive Medicine

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Customer Name & Credentials : Dr. James P Toner Jr, M.D., Ph.D.                                      Date : 11/15/2020

Employer: Dr. James P Toner Jr, M.D., Ph.D.
Emory Reproductive Center
550 Peachtree St NE

Email Address: jptoner@emory.edu
American Society for Reproductive Medicine
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Customer Name & Credentials: Dr. Peter Chan M.D.  Date: 11/14/2020

Employer:

Mailing Address:  Dr. Peter Chan M.D.
McGill University Health Center
Department of Urology

Email Address: mcgillsperminator@yahoo.com
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   Organization: RESOLVE  
   Relationship: Medical Advisory Board

   Organization: Theralogix, Inc  
   Relationship: consultant - spouse

   Organization: Roman Health  
   Relationship: Consultant - spouse

   Organization: RESOLVE  
   Relationship: Medical Advisory Board - Spouse

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Customer Name & Credentials : Dr. Samantha M Pfeifer, M.D.  
Employer: 
Mailing Address: Dr. Samantha M Pfeifer, M.D.  
Weill Medical College of Cornell University  
Center for Reproductive Medicine  
Email Address: spfeifer@med.cornell.edu  

Date: 04/25/2020
American Society for Reproductive Medicine

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1. Interest in commercial organizations (check and complete applicable section A, B, or C)

   A. I or my spouse/partner has not had during the preceding 12 months any commercial interest, financial interest and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

   B. I do participate currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

   **Organization:** RESOLVE  
   **Relationship:** Board member

   **Organization:** Howard and Georgeanna Jones Foundation for Reproductive Medicine  
   **Relationship:** Advisory board member

3. Participation in commercial interests (check and complete applicable section(s))

   A. I or my spouse/partner has not had during the preceding 12 months a significant financial interest in, or arrangement or affiliation with one or more commercial organizations that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
4. Attestation by Officers and members of ASRM Committees and Editorial Boards

I understand that I have a fiduciary responsibility to act in the best interests of the American Society for Reproductive Medicine and that this responsibility precludes me from using my position to obtain special advantage for myself, my relatives, my close associates, my business, or any other organization with which I am affiliated. I agree to abide by the ethical opinions and practice guidelines as outlined by the American Society for Reproductive Medicine.

Customer Name & Credentials: Ms. Lee Rubin Collins J.D.  
Date: 11/25/2020

Employer: Ms. Lee Rubin Collins J.D.
5 Pembroke Rd
Wellesley, MA 02482-7441

Email Address: leemail4@mac.com
American Society for Reproductive Medicine

Disclosure of Relationships with ACCME-defined Commercial Interests

ASRM recognizes that directors, officers and committee members may have diverse professional and financial interests that could lead to actual, perceived, or apparent conflicts or dualities of interest. ASRM as a 501 (c)3 organization is subject to IRS, state laws, and other regulations requiring a high degree of disclosure and transparency; and as a result, maintains a Conflict of Interest Policy and Procedure to which I am subject.

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1. **Interest in commercial organizations** (check and complete applicable section A, B, or C)

   B. I or my spouse/partner **has had** during the preceding 12 months any commercial interest, financial interest and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

   **Organization:** Ferring Pharmaceutical Inc  
   **Relationship:** Ferring Virtual Embryology Advisory Board, participant

2. **Participation in other medical societies/organizations** (check and complete applicable section A, B, or C)

   A. I **do not participate** currently as an officer, executive, board member, consultant, or in any other leadership role in any competing medical organizations.

3. **Participation in commercial interests** (check and complete applicable section(s))

   A. I or my spouse/partner **has not had** during the preceding 12 months a significant financial interest in, or arrangement or affiliation with one or more commercial organizations that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
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Customer Name & Credentials: Dr. Amy E Sparks Ph.D.  
Employer: Center for Advanced Reproductive Care  
Mailing Address: Dr. Amy E Sparks Ph.D.  
Laboratory Director  
Ctr For Advanced Reproductive  
Email Address: amy-sparks@uiowa.edu  
Date: 11/30/2020
American Society for Reproductive Medicine

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   B. I or my spouse/partner has had during the preceding 12 months any commercial interest, financial interest and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

   Organization: Fairtility
   Relationship: Member - Advisory Board

   Organization: AutoIVF
   Relationship: Member - Scientific Advisory Board

2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

   B. I do participate currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

   Organization: RESOLVE
   Relationship: Physicians Council

3. Participation in commercial interests (check and complete applicable section(s))

   A. I or my spouse/partner has not had during the preceding 12 months a significant financial interest in, or arrangement or affiliation with one or more commercial organizations that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
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Customer Name & Credentials : Dr. Alan S Penzias M.D.  
Date: 06/29/2021

Employer:

Mailing Address:  
Dr. Alan S Penzias M.D.  
Boston IVF  
130 2nd Ave

Email Address: alan.penzias@bostonivf.com
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Customer Name & Credentials: Dr. Lauri A Pasch Ph.D.  Date: 11/30/2020

Employer:

Mailing Address:  Dr. Lauri A Pasch Ph.D.
UCSF
499 Illinois St 6th floor

Email Address: lauri.pasch@ucsf.edu
American Society for Reproductive Medicine

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   Organization: Ferring                               Relationship: consultant

2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

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Customer Name & Credentials: Dr. Valerie L Baker, M.D.  
Employer:  
Mailing Address: Dr. Valerie L Baker, M.D.  
Professor, Director Division of REI  
Johns Hopkins University School of Medicine  
Email Address: valbaker@jhmi.edu  

Date: 05/09/2020
American Society for Reproductive Medicine

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   - **Organization:** endo pharmaceuticals
   - **Relationship:** speaker

   - **Organization:** coloplast
   - **Relationship:** consultant

   - **Organization:** clarus
   - **Relationship:** consultant

2. **Participation in other medical societies/organizations** (check and complete applicable section A, B, or C)

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Customer Name & Credentials: Dr. Stanton C Honig M.D.  Date: 11/19/2020

Employer: Dr. Stanton C Honig M.D.
Yale University
Urology

Email Address: stan.honig@gmail.com
American Society for Reproductive Medicine

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2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

   B. I do participate currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

   Organization: SRBT
   Relationship: President Elect

3. Participation in commercial interests (check and complete applicable section(s))

   A. I or my spouse/partner has not had during the preceding 12 months a significant financial interest in, or arrangement or affiliation with one or more commercial organizations that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
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Customer Name & Credentials: Mr. Brad J Milette B.S.  Date: 06/04/2020
Employer: Mr. Brad J Milette B.S.
Dominion Fertility

Email Address: bradmilette@gmail.com
American Society for Reproductive Medicine

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       Organization: Hannah Scientific
       Relationship: Scientific Advisory Board

2. Participation in other medical societies/organizations (check and complete applicable section A, B, or C)

   B. I do participate currently as an officer, executive, board member, consultant, or other leadership role in the following competing medical organizations (please list):

       Organization: International Gynecology Society
       Relationship: President

3. Participation in commercial interests (check and complete applicable section(s))

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Customer Name & Credentials : Dr. Ruben J Alvero M.D.  
Employer:  
Mailing Address:  
  Dr. Ruben J Alvero M.D.  
  Women and Infant's Hosp of RI  
  Obstetrics and Gynecology  
Email Address: ralvero@stanford.edu

Date: 11/19/2020
American Society for Reproductive Medicine
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   **Organization:** Hologic  
   **Relationship:** Consultant

   **Organization:** Myriad  
   **Relationship:** Speaker

2. **Participation in other medical societies/organizations** (check and complete applicable section A, B, or C)

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4. Attestation by Officers and members of ASRM Committees and Editorial Boards

I understand that I have a fiduciary responsibility to act in the best interests of the American Society for Reproductive Medicine and that this responsibility precludes me from using my position to obtain special advantage for myself, my relatives, my close associates, my business, or any other organization with which I am affiliated. I agree to abide by the ethical opinions and practice guidelines as outlined by the American Society for Reproductive Medicine.

Customer Name & Credentials: Dr. John C Petrozza M.D.  
Date: 11/14/2020

Employer:  
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