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## American Society for Reproductive Medicine Conflict of Interest Disclosure

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6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.
- No. There are no relationships to disclose.

| Organization Name                              | Relationship Type  | Who has this Relationship?   |
|--|--|--|
| Organization Name<br>American Board of Urology | <input type="checkbox"/> Company Officer<br><input type="checkbox"/> Direct Stockholder<br><input type="checkbox"/> Full-Time Company Employee<br><input type="checkbox"/> Grant Recipient<br><input type="checkbox"/> Honoraria<br><input type="checkbox"/> Paid Consultant<br><input type="checkbox"/> Speaker's Bureau<br><input checked="" type="checkbox"/> Other | Who has this Relationship? <br><input checked="" type="radio"/> Self<br><input type="radio"/> Immediate Family Member |
|  | Explain:<br>Examination Committee Sen<br>Relationship Began<br>2022-01-14  |  |

Add Relationship

**Organization Name****Relationship Type****Who has this Relationship?**

Does this relationship still exist?

 No  Yes

Organization Name

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Relationship Began

Does this relationship still exist?

 No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member

Signature: 

Signed on: Monday, March 17, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.  
 No. There are no relationships to disclose.

Signature:

Signed on: Monday, December 2, 2024

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.  
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Signature:

Signed on: Friday, May 21, 2021

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Signature:

Signed on: Monday, April 21, 2025

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**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Organization Name

Flagship Pioneering

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

Advisor

Relationship Began

2025-11-10

Who has this Relationship?

- Self
- Immediate Family Member



Add Relationship

**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Does this relationship still exist?

No  Yes

Organization Name

InflectionIQ

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

Content reviewer

Relationship Began

2025-07-01

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Preventive Medicine PBC

- Company Officer
- Direct Stockholder

Relationship Began

2025-10-07

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



- Full-Time Company Employee

Grant Recipient

Honoraria

Paid Consultant

Relationship Began

2025-10-07

Does this relationship still exist?

No  Yes

Speaker's Bureau

Other

Organization Name

Roon

- Company Officer
- Direct Stockholder
- Full-Time Company

Who has this Relationship?

- Self



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

- Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Immediate Family Member

Explain:

Advisor

Relationship Began

2025-10-10

Does this relationship still exist?

No  Yes

Organization Name

WHO

- Company Officer
- Direct Stockholder
- Full-Time Company

Who has this Relationship?

Self  
 Immediate Family Member

Employee

- Grant Recipient
- Honoraria
- Paid Consultant

Relationship Began

2021-04-01

Does this relationship still exist?

No  Yes

- Speaker's Bureau
- Other

Signature: Paula Amato

Signed on: Monday, November 10, 2025

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- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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### Definition

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bureau, ownership interest (e.g., stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

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4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.  
 No. There are no relationships to disclose.

Signature:

Signed on: Saturday, April 26, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
- If I am currently serving ASRM as an officer or committee member of editorial board member, 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.

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## American Society for Reproductive Medicine Conflict of Interest Disclosure

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4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.
- No. There are no relationships to disclose.

| <b>Organization Name</b>   | <b>Relationship Type</b>  | <b>Who has this Relationship?</b>  |
|--|---|--|
| <p>Organization Name</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">PCRS</div> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Officer</li> <li><input type="checkbox"/> Direct Stockholder</li> <li><input type="checkbox"/> Full-Time Company Employee</li> <li><input type="checkbox"/> Grant Recipient</li> <li><input type="checkbox"/> Honoraria</li> <li><input type="checkbox"/> Paid Consultant</li> <li><input type="checkbox"/> Speaker's Bureau</li> <li><input checked="" type="checkbox"/> Other</li> </ul> <p>Explain:</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">At large board member</div> | <p>Who has this Relationship?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Self</li> <li><input type="radio"/> Immediate Family Member</li> </ul> |
|  | <p>Relationship Began</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">2021-03-25</div> <p>Does this relationship still exist?</p>  |  |

Add Relationship

**Organization Name****Relationship Type****Who has this  
Relationship?** No  Yes

Relationship Ended

Signature: 

Signed on: Friday, April 4, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.
- No. There are no relationships to disclose.

| <b>Organization Name</b>  | <b>Relationship Type</b>   | <b>Who has this Relationship?</b>   |
|---|--|---|
| <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">Organization Name</div> <div style="border: 1px solid #ccc; padding: 2px;">Ferring Pharmaceuticals</div> | <input type="checkbox"/> Company Officer<br><input type="checkbox"/> Direct Stockholder<br><input type="checkbox"/> Full-Time Company Employee<br><input type="checkbox"/> Grant Recipient<br><input type="checkbox"/> Honoraria<br><input type="checkbox"/> Paid Consultant<br><input checked="" type="checkbox"/> Speaker's Bureau<br>Relationship Began<br><div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">2024-09-01</div><br>Does this relationship still exist?<br><input type="radio"/> No <input checked="" type="radio"/> Yes | Who has this Relationship? <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Self</li> <li><input type="radio"/> Immediate Family Member</li> </ul> |

Add Relationship

**Organization Name****Relationship Type****Who has this  
Relationship?** OtherSignature: 

Signed on: Tuesday, July 29, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.
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| <b>Organization Name</b>   | <b>Relationship Type</b>  | <b>Who has this Relationship?</b>   |
|--|---|---|
| <p>Organization Name</p> <input style="width: 100%;" type="text" value="Ferring"/> | <p><input type="checkbox"/> Company Officer</p> <p><input type="checkbox"/> Direct Stockholder</p> <p><input type="checkbox"/> Full-Time Company Employee</p> <p><input type="checkbox"/> Grant Recipient</p> <p><input type="checkbox"/> Honoraria</p> <p><input checked="" type="checkbox"/> Paid Consultant</p> <p>Relationship Began</p> <input style="width: 100%;" type="text" value="0000-00-00"/> <p>Does this relationship still exist?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> | <p>Who has this Relationship?</p> <p><input checked="" type="radio"/> Self</p> <p><input type="radio"/> Immediate Family Member</p> |

Add Relationship



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Organization Name

IBSA

- Speaker's Bureau
- Other

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant

Relationship Began

0000-00-00

Does this relationship still exist?

- No
- Yes

- Speaker's Bureau
- Other

Who has this Relationship?

- Self
- Immediate Family Member



Signature: Valerie L Baker

Signed on: Wednesday, April 30, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.  
 No. There are no relationships to disclose.

Signature:

Signed on: Friday, November 15, 2024

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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- Yes. Relationships are detailed below.
- No. There are no relationships to disclose.

| Organization Name                                      | Relationship Type  | Who has this Relationship?   |
|--|--|--|
| Organization Name<br><input type="text" value="ASRM"/> | <input type="checkbox"/> Company Officer<br><input type="checkbox"/> Direct Stockholder<br><input type="checkbox"/> Full-Time Company Employee<br><input type="checkbox"/> Grant Recipient<br><input type="checkbox"/> Honoraria<br><input type="checkbox"/> Paid Consultant<br><input type="checkbox"/> Speaker's Bureau<br><input checked="" type="checkbox"/> Other | Who has this Relationship? <br><input checked="" type="radio"/> Self<br><input type="radio"/> Immediate Family Member |
|  | Explain:<br><input type="text" value="Director at Large"/>   |  |
|  | Relationship Began<br><input type="text" value="2024-10-21"/>  |  |
|  | Does this relationship still exist?  |  |

Add Relationship

**Organization Name**

**Relationship Type**

**Who has this Relationship?**

No  Yes

Organization Name

ASRM

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

Program Committee Member

Relationship Began

2024-10-22

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Blue Cross Blue Shield of Mi

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Ferring

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient

Relationship Began

2022-06-01

Does this relationship still exist?

No  Yes

Relationship Ended

2024-06-30

Who has this Relationship?

- Self
- Immediate Family Member



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Organization Name

Lipocine

- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

- Company Officer
- Direct Stockholder

Relationship Began

0000-00-00

Does this relationship still exist?

- No
- Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Maven Clinic

- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

Medical Advisor Board

Relationship Began

2024-07-18

Does this relationship still exist?

- No
- Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

NIH

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient

Relationship Began

0000-00-00

Does this relationship still exist?

Who has this Relationship?

- Self
- Immediate Family Member



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

No  Yes

- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Organization Name

Posterity Health

- Company Officer
- Direct Stockholder

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

Scientific Advisory Board

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Organization Name

SSMR

- Company Officer

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Signature: James M Dupree

Signed on: Thursday, October 2, 2025



By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
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| <b>Organization Name</b>   | <b>Relationship Type</b>   | <b>Who has this Relationship?</b>   |
|--|--|---|
| <p>Organization Name</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">May Health</div> | <p><input type="checkbox"/> Company Officer</p> <p><input type="checkbox"/> Direct Stockholder</p> <p><input type="checkbox"/> Full-Time Company Employee</p> <p><input type="checkbox"/> Grant Recipient</p> <p><input type="checkbox"/> Honoraria</p> <p><input checked="" type="checkbox"/> Paid Consultant</p> <p>Relationship Began</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">2020-11-08</div> <p>Does this relationship still exist?</p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Relationship Ended</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">2025-03-01</div> | <p>Who has this Relationship?</p> <p><input checked="" type="radio"/> Self</p> <p><input type="radio"/> Immediate Family Member</p> |

Add Relationship

**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Organization Name

May Health

- Speaker's Bureau
- Other

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient

Relationship Began

2024-03-01

Does this relationship still exist?

- No
- Yes

- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Who has this Relationship?

- Self
- Immediate Family Member



Signature: Karl R Hansen, MD, PhD

Signed on: Tuesday, April 29, 2025

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- No. There are no relationships to disclose.

| <b>Organization Name</b>   | <b>Relationship Type</b>  | <b>Who has this Relationship?</b>  |
|--|---|--|
| <p>Organization Name</p> <input style="width: 100%;" type="text" value="Doveras"/> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Officer</li> <li><input type="checkbox"/> Direct Stockholder</li> <li><input type="checkbox"/> Full-Time Company Employee</li> <li><input type="checkbox"/> Grant Recipient</li> <li><input type="checkbox"/> Honoraria</li> <li><input type="checkbox"/> Paid Consultant</li> <li><input type="checkbox"/> Speaker's Bureau</li> <li><input checked="" type="checkbox"/> Other</li> </ul> <p>Explain:</p> <input style="width: 100%;" type="text" value="advisor"/> <p>Relationship Began</p> <input style="width: 100%;" type="text" value="0000-00-00"/> | <p>Who has this Relationship?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Self</li> <li><input type="radio"/> Immediate Family Member</li> </ul> |

Add Relationship



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Does this relationship still exist?

No  Yes

Organization Name

Hannah

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

advisor

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Illumicell

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

advisor

Relationship Began

0000-00-00

Does this relationship still exist?

No  Yes

Who has this Relationship?

- Self
- Immediate Family Member



**Organization Name**

**Relationship Type**

**Who has this Relationship?**

Organization Name

Next

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

advisor

Relationship Began

0000-00-00

Does this relationship still exist?

- No
- Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

Ro

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
- Speaker's Bureau
- Other

Explain:

advisor

Relationship Began

0000-00-00

Does this relationship still exist?

- No
- Yes

Who has this Relationship?

- Self
- Immediate Family Member



Organization Name

VSeat

- Company Officer
- Direct Stockholder
- Full-Time Company Employee
- Grant Recipient
- Honoraria
- Paid Consultant
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- Other

Who has this Relationship?

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**Organization Name****Relationship Type****Who has this  
Relationship?**

Explain:

advisor

Relationship Began

0000-00-00

Does this relationship still exist?

 No  Yes

Signature: Michael Eisenberg

Signed on: Monday, April 21, 2025

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Acts that mix the personal, duality of interest, or financial interests of an Interested Person with the interests of ASRM are indicative of a potential Conflict of Interest (COI). Not every potential conflict is an actual conflict. However, acts or situations that even have the appearance of a COI can be damaging to the reputation of the individual and the Organization. Consequently, the Organization seeks to appropriately manage potential and actual COI, as well as the appearance of such conflicts.

Additionally, as a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) and as a member of the Council of Medical Specialty Societies, the ASRM must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All individuals involved in planning, development, or dissemination of any educational activities or programming, including participation on committees, boards, or serving as a speaker/faculty, must disclose any commercial interest, financial interest, duality of 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. All relationships, whether they directly apply to a particular CME event, must be disclosed. **All non-FDA approved uses of products must be clearly identified. Disclosures must be made to educational activity participants in the form of a slide, printed material, and/or oral statement for live and enduring formats. Although ASRM reviews and resolves potential conflicts of interest, it remains for the audience to determine whether the speaker's/volunteer's interests or relationships may influence their participation, about exposition or conclusion.**

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### Definition

**Commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Duality of Interest** is holding a position as an officer, trustee, director, or any other fiduciary role with an organization whether or not remuneration is received for service that could potentially influence or be perceived to influence objectivity or could prevent the interested person from being impartial.

**Financial Relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speaker's

bureau, ownership interest (e.g., stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

**Please disclose your relationships with any companies, societies, or other organizations accurately described by any of the following statements:**

1. I or my spouse/partner has had during the preceding 24 months a commercial interest, financial interest and/or other relationship with an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
2. I or my spouse/partner has had during the preceding 24 months a significant financial interest in, or arrangement or affiliation with one or more commercial entities that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
3. I or my spouse/partner has been a director or officer of or have/had been employed by a legal firm, accounting firm, consulting firm, investment banking firm, commercial bank or other financial institution that has performed services for or sought significant business with ASRM.
4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes. Relationships are detailed below.
- No. There are no relationships to disclose.

| <b>Organization Name</b>   | <b>Relationship Type</b>  | <b>Who has this Relationship?</b>  |
|--|---|--|
| <p>Organization Name</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">PS Fertility</div> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Officer</li> <li><input type="checkbox"/> Direct Stockholder</li> <li><input type="checkbox"/> Full-Time Company Employee</li> <li><input type="checkbox"/> Grant Recipient</li> <li><input type="checkbox"/> Honoraria</li> <li><input checked="" type="checkbox"/> Paid Consultant</li> </ul> <p>Relationship Began</p> <div style="border: 1px solid black; padding: 2px; width: 100%;">2023-10-19</div> <p>Does this relationship still exist?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> | <p>Who has this Relationship?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Self</li> <li><input type="radio"/> Immediate Family Member</li> </ul> |

Add Relationship

**Organization Name****Relationship Type****Who has this  
Relationship?**

- Speaker's Bureau  
 Other

Signature: 

Signed on: Wednesday, April 30, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
- If I am currently serving ASRM as an officer or committee member of editorial board member, 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.

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## American Society for Reproductive Medicine Conflict of Interest Disclosure

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|---|---|--|
| <p>Organization Name</p> <input style="width: 100%;" type="text" value="May health"/> | <p><input type="checkbox"/> Company Officer</p> <p><input type="checkbox"/> Direct Stockholder</p> <p><input type="checkbox"/> Full-Time Company Employee</p> <p><input checked="" type="checkbox"/> Grant Recipient</p> <p>Relationship Began</p> <input style="width: 100%;" type="text" value="2024-09-15"/> <p>Does this relationship still exist?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p><input type="checkbox"/> Honoraria</p> <p><input type="checkbox"/> Paid Consultant</p> | <p>Who has this Relationship?</p> <p><input type="radio"/> Self</p> <p><input type="radio"/> Immediate Family Member</p> |

Add Relationship



**Organization Name****Relationship Type****Who has this  
Relationship?**

- Speaker's Bureau  
 Other

Signature: 

Signed on: Monday, April 28, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
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|--|--|---|
| <p>Organization Name</p> <input style="width: 100%;" type="text" value="BioTissue"/> | <p><input type="checkbox"/> Company Officer</p> <p><input type="checkbox"/> Direct Stockholder</p> <p><input type="checkbox"/> Full-Time Company Employee</p> <p><input type="checkbox"/> Grant Recipient</p> <p><input type="checkbox"/> Honoraria</p> <p><input type="checkbox"/> Paid Consultant</p> <p><input checked="" type="checkbox"/> Speaker's Bureau</p> <p>Relationship Began</p> <input style="width: 100%;" type="text" value="2025-05-01"/> <p>Does this relationship still exist?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> | <p>Who has this Relationship?</p> <p><input checked="" type="radio"/> Self</p> <p><input type="radio"/> Immediate Family Member</p> |

Add Relationship

**Organization Name****Relationship Type****Who has this  
Relationship?** OtherSignature: 

Signed on: Friday, November 7, 2025

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
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