#### **FDA Public Workshop**

### Training for Opioid Analgesic Prescribers - Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Ame Norman
Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.
No conflicts

Signature Unne Norman

Please email the form to Mary Gross (<u>mary.gross@fda.hhs.gov</u>) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

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Name of Meeting Participant Joanna G Katzman, MD, MSPH

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In John MD MS/H 5/9/2017

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Name of Meeting Participant Chester 6000
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