



Missouri Cancer Consortium Conflict of Interest Policy/Disclosure Statement

Conflict of Interest Policy

All Missouri Cancer Consortium (MCC) members shall sign the Conflict of Interest Disclosure Statement to preclude any actual or potential personal interests from affecting outcomes of any action made by the Consortium or in any action taken in their capacity as a Consortium member. A Consortium member, who maintains a direct or indirect financial interest in any action considered by the Consortium shall disclose the interest during the Consortium meeting and have the disclosure noted in the official Consortium meeting minutes. The affected Consortium member shall not vote or debate the matter in conflict or attempt to influence any other Consortium member regarding the outcome of the Consortium decision.

Consortium members shall not accept significant compensation, gifts, favors or other benefits from any individual, firm or organization for work/activity performed as a Consortium member. The Consortium shall not endorse any person, company, product or procedure that relates to cancer without the specific approval of the Consortium Executive Committee. The Consortium will forthrightly disclose to its membership and audiences any corporate contributions.

Consortium members shall not use their official capacities as Consortium members to solicit or otherwise influence others for personal reasons or benefits. A known violation of the conflict of interest requirements will result in immediate revocation of membership by the Executive Committee.

Disclosure Statement

In order to protect the integrity and reputation of the Missouri Cancer Consortium (MCC), its board members, staff, and volunteers, I agree to disclose any interests, relationships, and holdings that could potentially result in a conflict of interest.

Specifically, in the course of meetings or activities where a vote or course of action may be taken, I will disclose any interests where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room while the Executive Committee and/or Consortium members decide if a conflict of interest exists.

I affirm that I have received, read, understood and will comply with the MCC Conflict of Interest Policy.

Signature: _____ Date: _____

Print Name: _____