American Society for Reproductive Medicine

Disclosure of Relationships with ACCME-defined Commercial Interests

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   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: American Gynecological and Obstetrical Society  Relationship: Treasurer

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. Marcelle I Cedars M.D.  Date: 02/06/2021

Employer:

Mailing Address: Dr. Marcelle I Cedars M.D.
University of California San Francisco Center for Reproductive Health
Obstetrics, Gynecology and Reproductive Sciences

Email Address: Marcelle.cedars@ucsf.edu
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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.  
Employer: University of Cincinnati  
Mailing Address: Obstetrics and Gynecology  
Email Address: thomasma@ucmail.uc.edu  

Date: 01/14/2021
American Society for Reproductive Medicine

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   Organization: WHO  
   Relationship: Infertility guidelines consultant writer

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Customer Name & Credentials: Dr. Paula Amato M.D.  Date: 11/16/2021

Employer: 

Mailing Address:  
Dr. Paula Amato M.D.  
Oregon Health & Science University  
3303 SW Bond Ave

Email Address: amatop@ohsu.edu
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       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- upnpaid

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

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Customer Name & Credentials: Dr. Hugh S Taylor M.D.  
Employer: Dr. Hugh S Taylor M.D.  
Yale University  
Dept Ob/Gyn Rm LS0G302  
Email Address: hugh.taylor@yale.edu  
Date: 11/22/2021
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   Organization: Ignyos, S.A.  Relationship: Advisory Board Member

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Customer Name & Credentials: Dr. Catherine Racowsky Ph.D.  
Date: 11/02/2021

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

Email Address: cracowsky@bwh.harvard.edu
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<tr>
<td>Jones Foundation</td>
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<td>Society for Reproductive Technology</td>
<td>CDC liaison</td>
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Customer Name & Credentials: Dr. James P Toner, Jr, M.D., Ph.D.  
Employer:  
Mailing Address: Dr. James P Toner, Jr, M.D., Ph.D.  
Emory Reproductive Center  
550 Peachtree St NE  
Email Address: jptoner@emory.edu  
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<th>Relationship: Board officer</th>
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</thead>
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<td>Relationship: Advisory board member</td>
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Customer Name & Credentials : Ms. Lee Rubin Collins J.D.  
Date : 12/21/2021  
Employer:  
Mailing Address:  Ms. Lee Rubin Collins J.D.  
5 Pembroke Rd  
Wellesley, MA  02482-7441  
Email Address: leemail4@mac.com

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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:** Gilead  
   **Relationship:** stockholder (32 shares)

   **Organization:** Pfizer  
   **Relationship:** stockholder (40 shares)

   **Organization:** Viking Therapeutics  
   **Relationship:** stockholder (1025)

   **Organization:** J & J  
   **Relationship:** stockholder (81 shares)

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.
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. Lauri A Pasch Ph.D.  
Employer:  
Mailing Address: Dr. Lauri A Pasch Ph.D.  
UCSF  
499 Illinois St 6th floor  
Email Address: lauri.pasch@ucsf.edu  

Date: 11/30/2021
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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: ALife
      Relationship: Clinical Advisory Board

      Organization: Boston Museum of Science
      Relationship: Advisory Board

      Organization: Pharmaceutical Contracting Alliance
      Relationship: Investor

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: Obstetrical Society of Boston
      Relationship: 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.
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Customer Name & Credentials: Dr. Kim L Thornton M.D.  
Employer: Boston IVF  
Mailing Address: 130 2nd Ave  
Email Address: kthornton@bostonivf.com  
Date: 10/25/2021
American Society for Reproductive Medicine  
Disclosure of Relationships with ACCME-defined Commercial Interests

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      **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.
Customer Name & Credentials: Dr. Alan S Penzias M.D.

Employer: Boston IVF
130 2nd Ave

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

Email Address: alan.penzias@bostonivf.com

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.
American Society for Reproductive Medicine

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  **Organization:** Posterity Health  
  **Relationship:** Advisory Board Member

**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:** Society of Women in Urology  
  **Relationship:** Board Member (Secretary)

  **Organization:** Urology Care Foundation  
  **Relationship:** Male Reproductive and Sexual Health Committee Member

  **Organization:** Society for the Study of Male Reproduction  
  **Relationship:** Board Member (Member at Large)

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

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Customer Name & Credentials : Dr. Akanksha Mehta, M.D., M.S.                  Date : 11/15/2021
Employer:  
Mailing Address:  Dr. Akanksha Mehta, M.D., M.S.  
Emory University School of Medicine  
Urology  
Email Address:  akanksha.mehta@emory.edu
American Society for Reproductive Medicine

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Customer Name & Credentials: Dr. Timothy N Hickman M.D.  Date: 11/22/2021

Employer: Dr. Timothy N Hickman M.D.  
Houston IVF  
929 Gessner Rd Ste 2300

Email Address: drhickman@houstonivf.net
American Society for Reproductive Medicine

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   Organization: Ameditech International
   Relationship: Partner (Spouse)

   Organization: Advanced Medconnectuion, Inc
   Relationship: Partner

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

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Customer Name & Credentials : Dr. Philip S Li M.D.  
Date : 11/15/2021

Employer:

Mailing Address:  Dr. Philip S Li M.D.  
Weill Cornell Institute for Reproductive Medicine  
Center for Male Reproductive Medicine and Microsur

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

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Customer Name & Credentials: Dr. Liesl Nel-Themaat, H.C.L.D, Ph.D.  Date: 11/22/2021

Employer:

Mailing Address: Dr. Liesl Nel-Themaat, H.C.L.D, Ph.D.
IVF Lab Director and Assistant Professor
CU Advanced Reproductive Medicine

Email Address: Liesl.nel-themaat@cuanschutz.edu
American Society for Reproductive Medicine
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   **Organization:** Thread Robotics  
   **Relationship:** Research Advisory Board

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.

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Customer Name & Credentials: Dr. Micah J. Hill D.O.  Date: 07/28/2021
Employer: NIH
Mailing Address: Dr. Micah J. Hill D.O.
ART Institute of Washington, Inc.
11515 Seneca Forest Cir Ste 301
Email Address: micahjosephhill@gmail.com
American Society for Reproductive Medicine

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   Organization: Reprotech Relationship: Medical Director

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: SSMR Relationship: Treasurer/ Executive Board

3. Participation in commercial interests (check and complete applicable section(s))
   
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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. Kathleen Hwang M.D.  
Date: 11/15/2021

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